

# **The Commonwealth of Massachusetts**

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## **DEPARTMENT OF PUBLIC UTILITIES**

### **PIPELINE ENGINEERING AND SAFETY DIVISION**

## **INCIDENT REPORT**

214 Lunenburg Street, Fitchburg, Massachusetts  
February 5, 2013

## PIPELINE ENGINEERING AND SAFETY DIVISION

Location: 214 Lunenburg Street, Fitchburg, Massachusetts

February 5, 2013

Unitil

Estimated Property Damage: \$632,000\*

Injuries: None

Report Issued: May 7, 2015

\*Estimated by Unitil

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- (21) Rubble from destroyed addition to auto parts store, 214 Lunenburg Street
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- (a) The northwest corner of the foundation of 214 Lunenburg Street, Front
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## I. INTRODUCTION

### A. Scope of Investigation

The Massachusetts Department of Public Utilities ("Department"), Pipeline Engineering and Safety Division ("Division"), pursuant to G.L. c. 164, § 105A and a Federal Certification Agreement as provided for in 49 U.S.C. § 60105, has investigated a natural gas release at 214 Lunenburg Street, Fitchburg, Massachusetts, on February 5, 2013 ("Incident")<sup>1</sup>. The release of gas contributed to an explosion, fire, and over \$632,000 in property damage to the dwelling (Exh. 1). The operator of the natural gas facilities at the Incident is Unitil ("Unitil" or "Operator"). There were two reported injuries and no fatalities.

As part of the Department's annual certification process by the United States Department of Transportation (U.S. DOT), the Department must report to the U.S. DOT:

each accident or incident . . . involving a fatality, personal injury requiring hospitalization, or property damage or loss of more than an amount the Secretary establishes... and any other accident the [Department] considers significant, and a summary of the investigation by the [Department] of the cause and circumstances surrounding the accident or incident. 49 U.S.C. § 60105(c).

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<sup>1</sup> Incident means any of the following events:

- (1) An event that involves a release of gas from a pipeline, or of liquefied natural gas, liquefied petroleum gas, refrigerant gas, or gas from an LNG facility, and that results in one or more of the following consequences:
  - (i) A death, or personal injury necessitating in-patient hospitalization;
  - (ii) Estimated property damage of \$50,000 or more, including loss to the operator and others, or both, but excluding cost of gas lost;
  - (iii) Unintentional estimated gas loss of three million cubic feet or more;
- (2) An event that results in an emergency shutdown of an LNG facility. Activation of an emergency shutdown system for reasons other than an actual emergency does not constitute an incident.
- (3) An event that is significant in the judgment of the operator, even though it did not meet the criteria of paragraphs (1) or (2) of this definition.

49 C.F.R. Part 192, § 192.3.

The purpose of this report is to inform the U.S. DOT as to the cause and circumstances surrounding the Incident.

The Department has established procedures for determining the nature and extent of violations of codes and regulations pertaining to the safety of pipeline facilities and the transportation of gas, including but not limited to, 220 C.M.R. §§ 100.00 through 113.00. See 220 C.M.R. § 69.00 et seq. The Division also enforces the U.S. DOT safety standards for gas pipeline systems as set forth in 49 C.F.R. Part 192 ("Part 192"). G.L. c. 164, § 105A.

B. Overview of Incident

At 5:30 p.m. on February 5, 2013, Unitil Gas Control received a report from the Fitchburg Fire Department of an explosion at 214 Lunenburg Street, Fitchburg, Massachusetts (Exh. 2). Gas Control immediately dispatched a Unitil technician who arrived on site at 5:32 p.m. (Exh. 2). At approximately 5:56 p.m. on February 5, 2013, Unitil notified the Department of the Incident (Exh. 2).

Upon arrival the technician reported to the Fitchburg Fire Chief and additionally worked with the Fitchburg Fire Department on emergency response and make safe actions (Exh. 2). The technician also contacted Unitil's Gas Control and requested additional resources from the gas street department, electric line crew, Dig Safe, local Unitil supervisory and management personnel (Exh. 2). A gas distribution street crew and one additional technician arrived on site at approximately 5:40 p.m. and began aeration, pinpointing, and other make safe actions (Exh.2). At approximately 6:20 p.m. the area was made safe by excavating and securing the gas leak on a four (4) inch cast iron gas main (Exh. 2).



A full circumferential fracture was discovered and repaired by the installation of a split sleeve clamp on the gas main (Exh. 3). The leaking gas appears to have migrated through the sub-surface soil into the basement of 214 Lunenburg Street Front, which accumulated, ignited from an unknown source, and created an explosion. The explosion significantly destroyed the property at 214 Lunenburg Street, Fitchburg, rendered another property, 5 Lunenburg Street damaged beyond repair, and caused minimal to moderate damage to ten other properties (Exh. 4). Four motor vehicles were also damaged. Two people were inside the structure at the time of the incident; they were accounted for and treated on site by the Red Cross. An alleged injury (nature and extent unknown) was reported three weeks later.

## II. THE DEPARTMENT'S INVESTIGATION

### A. Description of the Site

Lunenburg Street is located in a neighborhood of residential and commercial buildings in Fitchburg, Massachusetts. The building at 214 Lunenburg Street, Fitchburg, was a one level commercial structure built about 1901 on 0.607 acres (Exh. 5). It had a brick exterior and a membrane roof cover (Exh. 5). Photos of the foundation taken after the incident show the area where the office was located; it was partly constructed of concrete block foundation (Exh. 6).

### B. Drug and Alcohol Testing Report

Drug and Alcohol testing was not required because Unitil employees were not working in the area at the time of the Incident.

C. 214 Lunenburg Street Front

1. Service Installation and Description

Unitil records indicate the Operator installed a one and a half (1½) inch bare steel gas service line<sup>2</sup> on October 9, 1942, to the building at 214 Lunenburg Street Front, Fitchburg, from a four (4) inch cast iron gas main underlying Linwood Street (Exh. 8). Unitil records also indicate that this gas service was plugged but not abandoned at the gas main on November 16, 1945 (Exh. 8). Records also indicate the Unitil installed a three quarter (¾) inch steel gas service to provide gas service to 214 Rear Lunenburg Street, Fitchburg, which was abandoned on November 8, 1983 (Exh. 9). A new gas service was installed to 214 Rear Lunenburg Street on September 27, 2013 (Exh. 9). Both gas services were connected to an existing eight (8) inch coated steel gas main underlying Lunenburg Street.

2. Leak Survey and Repair Records for 214 Lunenburg Street

According to the Operator's winter patrol records, Linwood Street and the area of 214 Lunenburg Street were gas leak surveyed during the winter months for the period of December 1, 2009, through February 5, 2013, as follows (Exh. 10):

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<sup>2</sup> Service line means a distribution line that transports gas from a common source of supply to an individual customer, to two adjacent or adjoining residential or small commercial customers, or to multiple residential or small commercial customers served through a meter header or manifold. A service line ends at the at the outlet of the customer meter or at the connection to a customer's piping, whichever is further downstream, or at the connection to customer piping if there is no meter. Part 192, § 192.3



- Winter months 2009 – 2010 the area was surveyed 5 times;
- Winter months 2010 – 2011 the area was surveyed 6 times;
- Winter months 2011 – 2012 The area was surveyed 3 times, this can be attributed to a warmer than average winter with little to no frost conditions; and
- Winter months 2012-2013 the area was surveyed 8 times.
- During the periods noted, no gas leak was detected in the area

On February 5, 2013, Unutil performed gas leakage surveys on Linwood Street, Lunenburg Street, and nine (9) other streets that were in the area of the Incident (Exh. 11).

The Operator presented records indicating that on October 20, 2009, and August 15, 2012, it had conducted gas leak surveys of the gas service to 214 Lunenburg Street Rear, Fitchburg (Exh. 12). The operator determined that there were no gas leaks present and the inspection performed in 2012 noted that the gas service piping was in good condition (Exh. 12).

The Operator presented records indicating that it had received one Dig Safe<sup>3</sup> request for Lunenburg Street for soil borings and had received no Dig Safe requests for Linwood Street.

D. The Gas Main Underlying Linwood Street

1. Description of the Gas Main Underlying Linwood Street

The Operator installed a four (4) inch cast iron gas main<sup>4</sup> underlying Linwood Street on September 16, 1929, at a depth of approximately 36 inches (Exh. 12). The gas main operates

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<sup>3</sup> The purpose of the Dig Safe Law is to prevent damage to underground utilities. Dig Safe, Inc. ("Dig Safe") is a communication network that notifies utility companies about planned excavation projects. After an excavator notifies Dig Safe of a proposed project, member utility companies will physically go to the site of the planned excavation and mark the location of their underground facilities with paint or stakes.

<sup>4</sup> A gas main is a distribution line that serves as a common source supply for more than one gas service line.

at low pressure and has an MAOP<sup>5</sup> of 14 inches water column<sup>6</sup> (Exh. 13). Records indicate that the operating pressure on February 5, 2013, was 11 inches water column (Exh. 13).

2. History of Repairs of the Gas Main Underlying Linwood Street

The Operator reported that it had performed no repairs of the four (4) inch cast iron gas main underlying Linwood Street for the period of January 1, 2009, through February 5, 2013, (Exh. 14).

3. Gas Main Repair on February 5, 2013

On February 5, 2013, Unitil excavated and exposed the four (4) inch cast iron gas main. A circumferential crack was discovered approximately four (4) feet north of Lunenburg Street. Unitil employees stopped the flow of gas by installing a split sleeve clamp on the four (4) inch cast iron gas main (Exh. 3).

4. Replacement of the Gas Main following the Incident

On February 6, 2013, the Operator replaced the four (4) inch cast iron gas main underlying Linwood Street and installed a two (2) inch low pressure high density polyethylene<sup>7</sup> gas pipe from Lunenburg Street to the end of Linwood Street (Exh. 2).

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<sup>5</sup> Maximum allowable operating pressure (MAOP) means the maximum pressure at which a pipeline or segment of a pipeline may be operated under this part. Part 192, § 192.3

<sup>6</sup> A pressure unit representing the pressure required to support a column of water one inch high. Usually reported as inches W.C. (water column); 27.68 inches of water is equal to one pound per square inch.

<sup>7</sup> *High-density polyethylene (HDPE)* ( $0.941 < \text{density} < 0.965$ ) is a thermoplastic material composed of carbon and hydrogen atoms joined together forming high molecular weight products.



5. Odor Testing

The Commonwealth of Massachusetts requires that operators of natural gas distribution systems odorize to a more stringent level<sup>8</sup> than the federal requirements. Unutil reported odorant levels at 12 locations in four (4) towns. The range of odorant detected was 0.00% to 0.14% threshold which met the Massachusetts standard (Exh. 15).

III. ANALYSIS OF THE PIPELINE SEGMENT

Massachusetts Materials Research Inc. (MMR) performed a metallurgical analysis of a segment of the four (4) inch cast iron gas main segment that was excavated from Linwood Street (the site of the Incident). The MMR Report concludes that:

Based on the results performed of the following examinations of the pipe segment: radiographic inspection, visualization examination of fracture surface, binocular microscope examination, scanning electron microscope examination, energy dispersive x-ray spectroscopy, metallurgical examination, wall thickness measurements, chemical analysis, and ring crush, tensile, charpy impact testing, it appears the pipe fracture is typical of grey cast iron pipe breaks caused by bending forces. Typically, a failure such as this (fracture origin at 6 o'clock with a transverse break away from a bell joint) results from the subsidence of fill underneath the break site. Additionally, frost heave differentials along a pipe's length can cause upward thrusting that produces bending loads. While there is no hard evidence for fill subsidence at the break site (i.e. no reported flooding, washouts, or earthquake activity known to MMR), weather data for the week prior to failure reveals a couple days of anomalously warm temperatures for January coupled with ¾-inch of rainfall, followed by a plunge to more seasonable temperatures and dry weather for the beginning of February. This type of weather pattern can result in differences in thawing, refreezing, and frost heaving in a local area depending upon soil composition and saturation. If the wood impingement type mark noted on the pipe is due to a tree root, then this section may have been braced by that root, influencing the location of the break during frost heaving. The pipe in general was typical chemically of older cast irons and metallurgically of a spin cast pipe. While evidence of graphitic corrosion that

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<sup>8</sup> A combustion gas in a distribution line shall have a distinctive odor of sufficient intensity so that a concentration of fifteen hundredths of one percent gas in the air is readily perceptible to the normal or average olfactory senses of a person coming from fresh uncontaminated air into a closed room containing one part of the gas in 666 parts of air. C.M.R. 220, § 101.06(20).

had penetrated the pipe wall was present, this was not located at the fracture site. The fracture region was not excessively affected by graphitic corrosion”<sup>9</sup>.

**NOTE:**

The black polymeric substance used by Unitil to seal the crack location prior to applying the clamp served to protect and preserve the fracture surface. The field clamps are applied using a soap solution as a lubricant and that solution can significantly corrode a cast iron fracture surface while the pipe awaits analysis. Between the protection offered the fracture surface and the ease with which the substance peeled away from the pipe, its use on gas main fractures should be encouraged as part of the clamping procedure. Proper preservation of an iron fracture surface is a challenge even when adverse conditions in an excavation site aren't involved. This substance was reported to be easy to apply and shouldn't represent an inconvenience to field personnel working to control and repair a leak. Its potential benefits in terms of fracture preservation appear disproportionately large.

**IV. FINDINGS**

**A. The Incident**

1. On February 5, 2013, at 5:30 p.m., Unitil Gas Control received a call from the Fitchburg Fire Department of an explosion at 214 Lunenburg Street, Fitchburg.
2. At 5:31 p.m., Unitil dispatched a technician to 214 Lunenburg Street.
3. Members of the Fitchburg Fire Department were on site when the Unitil technician arrived on site 5:32 p.m.
4. Unitil reported that a second technician arrived on site at 5:40 p.m. Three additional Unitil employees arrived at approximately 5:45 p.m.
5. The first technician to arrive shut off gas to 5 Linwood Street that which was in close proximity to the Incident.
6. Unitil reported that at approximately 5:30 p.m. an explosion occurred at 214 Lunenburg Street.
7. At approximately 5:56 p.m. on February 5, 2013, Unitil notified the Department of the Incident.

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<sup>9</sup> Copies of the MMR Report can be obtained by contacting: *Massachusetts Materials Research Inc., P.O. Box 810, 1500 Century Drive, West Boylston, MA 01583.*



8. The Fitchburg Fire Department estimated the property damage to 214 Lunenburg Street to be \$95,000 and the contents loss to be \$500,000. Several other structures were also damaged.

B. The Gas Main Underlying Linwood Street

1. Unitil installed a four (4) inch cast iron gas main underlying Linwood Street in September, 1929.
2. The MAOP of the gas main is 14 inches water column.
3. The operating pressure of the gas main at the time of the Incident was approximately 11 inches water column.
4. Unitil reported that they had no records of performing any maintenance activities on the gas main prior to the Incident.
5. Unitil reported that they had no records of any leak history on the gas main prior to the Incident.
6. On April 4, 2013, Unitil reported in the Department of Transportation, Pipeline and Hazardous Materials Safety Administration Incident Report that the depth of the gas main was 28 inches.
7. Unitil installed a two (2) inch low pressure high density polyethylene gas pipe from Lunenburg Street to the end of Linwood Street to replace the four (4) inch cast iron gas main.

C. The Recovered Gas Pipe

1. Following the Incident, Unitil removed a section of the gas main from Linwood Street measuring approximately 48 inches long.
2. The gas pipe was blocked with wood on both sides and a nylon strap was wrapped around the section of gas main for safe transport.
3. The gas pipe segment had a circumferential fracture.
4. The gas pipe was transported to MMR, Inc. for analysis.
5. MMR's findings concluded that the likely cause of the failure of the pipe was due to bending loads caused by climate cycling of frost in the area of the gas pipe.



D. The Gas Service to 214 Lunenburg Street Front

1. Unitil records indicate the gas service line was a one and a half (1½) inch bare steel gas pipe installed in October, 1942.
2. The bare steel gas service was connected to the four (4) inch cast iron gas main underlying Linwood Street.
3. Unitil records did not provide an installation depth of the gas service pipe.
4. Unitil records indicate that the gas service pipe installed at 214 Lunenburg Street Front, was plugged in November, 1945, but not abandoned at the gas mains.
5. Unitil reported that there had been no gas leaks identified in the past five (5) years.
6. Following the Incident, Unitil pressure tested the gas service line to 214 Lunenburg Street Front; the pressure test of the gas service line demonstrated no pressure loss.
7. The gas service to 214 Lunenburg Street Front was abandoned at the gas main after the pressure test was completed on February 5, 2013. The gas service tee was removed and a threaded cap was installed on the gas main.

E. The Building at 214 Lunenburg Street Front

1. The structure at 214 Lunenburg Street Front was a single commercial brick building with a membrane roof cover and cement block foundation under the west side of the structure.
2. The building is classified as retail store and was built in approximately 1910 on 0.607 acre lot.
3. The structure at 214 Lunenburg Street Front was connected to the city water system from a service line connected to a water line main underlying Linwood Street.
4. Inside the building, the water service was in close proximity to the gas service.

F. The Release of Gas

- main                    1. The source of the release of gas was the fractured four (4) inch cast iron gas main underlying Linwood Street.

V. CONCLUSIONS

The circumferential fracture in the four (4) inch cast iron gas main underlying Linwood Street was the source of the release of gas. The release of gas migrated into 214 Lunenburg Street, Front, accumulated and was ignited by an undetermined source resulting in an explosion. A city water service was exposed during the excavation of the gas service and it was located approximately 12 inches away from the gas service. The water service served 214 Lunenburg Street, Front. The foundation in the portion of the building where the gas and water services were located was constructed of concrete block.

The Pipeline Division was unable to ascertain the path taken by the leaking gas from the broken gas main on Linwood Street, into the basement of 214 Lunenburg Street, Front. The findings and conclusion in the MMR Report are reasonable and based upon substantial and specific evidence.

## EXHIBIT 1

### Department of Transportation Incident Report



NOTICE: This report is required by 49 CFR Part 191. Failure to report can result in a civil penalty not to exceed 100,000 for each violation for each day that such violation persists except that the maximum civil penalty shall not exceed \$1,000,000 as provided in 49 USC 60122.

OMB NO: 2137-0522  
EXPIRATION DATE: 02/28/2014



U.S. Department of Transportation  
Pipeline and Hazardous Materials Safety Administration

Original Report  
Date:

04/04/2013

No.

20130037- 15631

(DOT Use Only)

## INCIDENT REPORT - GAS DISTRIBUTION SYSTEM

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2137-0522. Public reporting for this collection of information is estimated to be approximately 10 hours per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, PHMSA, Office of Pipeline Safety (PHP-30) 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

### INSTRUCTIONS

**Important:** Please read the separate instructions for completing this form before you begin. They clarify the information requested and provide specific examples. If you do not have a copy of the instructions, you can obtain one from the PHMSA Pipeline Safety Community Web Page at <http://www.phmsa.dot.gov/pipeline>.

### PART A - KEY REPORT INFORMATION

Report Type: (select all that apply)	Original: Yes	Supplemental:	Final:
Last Revision Date			
1. Operator's OPS-issued Operator Identification Number (OPID):	5200		
2. Name of Operator	FITCHBURG GAS & ELECTRIC LIGHT CO		
3. Address of Operator:			
3a. Street Address	285 JOHN FITCH HIGHWAY		
3b. City	FITCHBURG		
3c. State	Massachusetts		
3d. Zip Code	01420		
4. Local time (24-hr clock) and date of the Incident:	02/05/2013 17:30		
5. Location of Incident:			
5a. Street Address or location description	214 Lunenburg St		
5b. City	Fitchburg		
5c. County or Parish	Worcester		
5d. State:	Massachusetts		
5e. Zip Code:	01420		
5f. Latitude:	42.584906		
Longitude:	-71.7894		
6. National Response Center Report Number:			
7. Local time (24-hr clock) and date of initial telephonic report to the National Response Center:	02/05/2013 20:30		
8. Incident resulted from:	Reasons other than release of gas		
9. Gas released:			
- Other Gas Released Name:			
10. Estimated volume of gas released - Thousand Cubic Feet (MCF):			
11. Were there fatalities?	No		
- If Yes, specify the number in each category:			
11a. Operator employees			
11b. Contractor employees working for the Operator			
11c. Non-Operator emergency responders			
11d. Workers working on the right-of-way, but NOT associated with this Operator			
11e. General public			
11f. Total fatalities (sum of above)			
12. Were there injuries requiring inpatient hospitalization?	No		
- If Yes, specify the number in each category:			
12a. Operator employees			
12b. Contractor employees working for the Operator			
12c. Non-Operator emergency responders			
12d. Workers working on the right-of-way, but NOT associated with this Operator			
12e. General public			
12f. Total injuries (sum of above)			
13. Was the pipeline/facility shut down due to the incident?	Yes		
- If No, Explain:			



- If Yes, complete Questions 13a and 13b: (use local time, 24-hr clock)	
13a. Local time and date of shutdown:	02/05/2013 18:30
13b. Local time pipeline/facility restarted:	02/06/2013 14:00
- Still shut down? (* Supplemental Report Required)	
14. Did the gas ignite?	No
15. Did the gas explode?	Yes
16. Number of general public evacuated:	2
17. Time sequence (use local time, 24-hour clock):	
17a. Local time operator identified Incident:	02/05/2013 17:30
17b. Local time operator resources arrived on site:	02/05/2013 17:35
<b>PART B - ADDITIONAL LOCATION INFORMATION</b>	
1. Was the Incident on Federal land?	No
2. Location of Incident	Private property
3. Area of Incident:	Underground
	Specify: Under soil
	If Other, Describe:
	Depth of Cover: 28
4. Did Incident occur in a crossing?	No
- If Yes, specify type below:	
- If Bridge crossing --	
Cased/ Uncased:	
- If Railroad crossing --	
Cased/ Uncased/ Bored/drilled	
- If Road crossing --	
Cased/ Uncased/ Bored/drilled	
- If Water crossing --	
Cased/ Uncased	
Name of body of water (If commonly known):	
Approx. water depth (ft):	
<b>PART C - ADDITIONAL FACILITY INFORMATION</b>	
1. Indicate the type of pipeline system:	Natural Gas Distribution, privately owned
	- If Other, specify:
2. Part of system involved in Incident:	Main
	- If Other, specify:
2a. Year "Part of system involved in Incident" was installed:	
	Unknown? Yes
3. When "Main" or "Service" is selected as the "Part of system involved in Incident" (from PART C, Question 2), provide the following:	
3a. Nominal diameter of pipe (in):	4
3b. Pipe specification (e.g., API 5L, ASTM D2513):	
	Unknown? Yes
3c. Pipe manufacturer:	
	Unknown? Yes
3d. Year of manufacture:	
	Unknown? Yes
4. Material involved in Incident:	Cast/Wrought Iron
	- If Other, specify:
4a. If Steel, Specify seam type:	
	None/Unknown?
4b. If Steel, Specify wall thickness (inches):	
	Unknown?
4c. If Plastic, Specify type:	
	- If Other, describe:
4d. If Plastic, Specify Standard Dimension Ratio (SDR):	
	Or wall thickness:
	Unknown?
4e. If Polyethylene (PE) is selected as the type of plastic in Part C, Question 4.c:	
- Specify PE Pipe Material Designation Code (i.e. 2406, 3408, etc.)	
	Unknown?
5. Type of release involved :	Leak
- If Mechanical Puncture - Specify Approx size:	
	Approx. size: in. (axial):
	in. (circumferential):
- If Leak - Select Type:	Crack
- If Other, Describe:	



- If Rupture - Select Orientation:	
- If Other, Describe:	
Approx. size: (widest opening):	
(length circumferentially or axially):	
- If Other - Describe:	
<b>PART D - ADDITIONAL CONSEQUENCE INFORMATION</b>	
1. Class Location of Incident :	Class 3 Location
2. Estimated Property Damage :	
2a. Estimated cost of public and non-Operator private property damage	\$ 600,000
2b. Estimated cost of Operator's property damage & repairs	\$ 6,500
2c. Estimated cost of Operator's emergency response	\$ 10,500
2d. Estimated other costs	\$ 15,000
- Describe:	Hotel rooms for residents that had to leave their homes
2e. Total estimated property damage (sum of above)	\$ 632,000
<b>Cost of Gas Released</b>	
2f. Estimated cost of gas released	\$ 0
3. Estimated number of customers out of service:	
3a. Commercial entities	0
3b. Industrial entities	0
3c. Residences	1
<b>PART E - ADDITIONAL OPERATING INFORMATION</b>	
1. Estimated pressure at the point and time of the Incident (psig):	.50
2. Normal operating pressure at the point and time of the Incident (psig):	.50
3. Maximum Allowable Operating Pressure (MAOP) at the point and time of the Incident (psig):	.50
4. Describe the pressure on the system relating to the Incident:	Pressure did not exceed MAOP
5. Was a Supervisory Control and Data Acquisition (SCADA) based system in place on the pipeline or facility involved in the Incident?	No
- If Yes:	
5a. Was it operating at the time of the Incident?	
5b. Was it fully functional at the time of the Incident?	
5c. Did SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume or pack calculations) assist with the detection of the Incident?	
5d. Did SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume calculations) assist with the confirmation of the Incident?	
6. How was the Incident initially identified for the Operator?	Notification from Emergency Responder
6a. If "Controller", "Local Operating Personnel, including contractors", "Air Patrol", or "Ground Patrol by Operator or its contractor" is selected in Question 6, specify the following:	
- If Other, Specify:	
7. Was an investigation initiated into whether or not the controller(s) or control room issues were the cause of or a contributing factor to the Incident?	No, the Operator did not find that an investigation of the controller(s) actions or control room issues was necessary due to: (provide an explanation for why the Operator did not investigate)
- If No, the operator did not find that an investigation of the controller(s) actions or control room issues was necessary due to: (provide an explanation for why the operator did not investigate)	This is a low pressure cast iron main that was not monitored or controlled by control room staff
- If Yes, Specify investigation result(s) (select all that apply):	
- Investigation reviewed work schedule rotations, continuous hours of service (while working for the Operator), and other factors associated with fatigue	
- Investigation did NOT review work schedule rotations, continuous hours of service (while working for the Operator), and other factors associated with fatigue	
- Provide an explanation for why not:	
- Investigation identified no control room issues	
- Investigation identified no controller issues	
- Investigation identified incorrect controller action or controller error	
- Investigation identified that fatigue may have affected the controller(s) involved or impacted the involved controller(s) response	
- Investigation identified incorrect procedures	
- Investigation identified incorrect control room equipment operation	



- Investigation identified maintenance activities that affected control room operations, procedures, and/or controller response	
- Investigation identified areas other than those above	
Describe:	
<b>PART F - DRUG &amp; ALCOHOL TESTING INFORMATION</b>	
1. As a result of this Incident, were any Operator employees tested under the post-accident drug and alcohol testing requirements of DOT's Drug & Alcohol Testing regulations?	No
- If Yes:	
1a. Specify how many were tested:	
1b. Specify how many failed:	
2. As a result of this Incident, were any Operator contractor employees tested under the post-accident drug and alcohol testing requirements of DOT's Drug & Alcohol Testing regulations?	No
- If Yes:	
2a. Specify how many were tested:	
2b. Specify how many failed:	
<b>PART G - CAUSE INFORMATION</b>	
Select only one box from PART G in shaded column on left representing the Apparent Cause of the Incident, and answer the questions on the right. Describe secondary, contributing, or root causes of the Incident in the narrative (PART H).	
Apparent Cause:	G2 - Natural Force Damage
<b>G1 - Corrosion Failure</b> – only one sub-cause can be picked from shaded left-hand column	
Corrosion Failure Sub-Cause:	
- If External Corrosion:	
1. Results of visual examination:	
- If Other, Specify:	
2. Type of corrosion:	
- Galvanic	
- Atmospheric	
- Stray Current	
- Microbiological	
- Selective Seam	
- Other	
- If Other, Describe:	
3. The type(s) of corrosion selected in Question 2 is based on the following:	
- Field examination	
- Determined by metallurgical analysis	
- Other	
- If Other, Describe:	
4. Was the failed item buried under the ground?	
- If Yes:	
4a. Was failed item considered to be under cathodic protection at the time of the incident?	
- If Yes, Year protection started:	
4b. Was shielding, tenting, or disbonding of coating evident at the point of the incident?	
4c. Has one or more Cathodic Protection Survey been conducted at the point of the incident?	
If "Yes, CP Annual Survey" – Most recent year conducted:	
If "Yes, Close Interval Survey" – Most recent year conducted:	
If "Yes, Other CP Survey" – Most recent year conducted:	
- If No:	
4d. Was the failed item externally coated or painted?	
5. Was there observable damage to the coating or paint in the vicinity of the corrosion?	
6. Pipeline coating type, if steel pipe is involved:	
- If Other, Describe:	
- If Internal Corrosion:	
7. Results of visual examination:	
- If Other, Describe:	
8. Cause of corrosion (select all that apply):	
- Corrosive Commodity	



- Water drop-out/Acid	
- Microbiological	
- Erosion	
- Other	
- If Other, Specify:	
9. The cause(s) of corrosion selected in Question 8 is based on the following: (select all that apply):	
- Field examination	
- Determined by metallurgical analysis	
- Other	
- If Other, Describe:	
10. Location of corrosion (select all that apply):	
- Low point in pipe	
- Elbow	
- Drop-out	
- Other	
- If Other, Describe:	
11. Was the gas/fluid treated with corrosion inhibitor or biocides?	
12. Were any liquids found in the distribution system where the Incident occurred?	
Complete the following if any Corrosion Failure sub-cause is selected AND the "Part of system involved in incident" (from PART C, Question 2) is Main, Service, or Service Riser.	
13. Date of the most recent Leak Survey conducted	
14. Has one or more pressure test been conducted since original construction at the point of the Incident?	
- If Yes:	
Most recent year tested:	
Test pressure:	
<b>G2 – Natural Force Damage – only one sub-cause can be picked from shaded left-handed column</b>	
Natural Force Damage – Sub-Cause:	Earth Movement, NOT due to Heavy Rains/Floods
- If Earth Movement, NOT due to Heavy Rains/Floods:	
1. Specify:	Other
- If Other, Specify:	Frost conditions to the depth of the main
- If Heavy Rains/Floods:	
2. Specify:	
- If Other, Specify:	
- If Lightning:	
3. Specify:	
- If Temperature:	
4. Specify:	
- If Other, Specify:	
- If High Winds:	
- Other Natural Force Damage:	
5. Describe:	
Complete the following if any Natural Force Damage sub-cause is selected.	
6. Were the natural forces causing the Incident generated in conjunction with an extreme weather event?	No
6.a If Yes, specify (select all that apply):	
- Hurricane	
- Tropical Storm	
- Tornado	
- Other	
- If Other, Specify:	
<b>G3 – Excavation Damage – only one sub-cause can be picked from shaded left-hand column</b>	
Excavation Damage – Sub-Cause:	
- If Excavation Damage by Operator (First Party):	
- If Excavation Damage by Operator's Contractor (Second Party):	
- If Excavation Damage by Third Party:	
- If Previous Damage due to Excavation Activity:	



<b>Complete the following ONLY IF the "Part of system Involved in Incident" (from Part C, Question 2) is Main, Service, or Service Riser.</b>	
1. Date of the most recent Leak Survey conducted	
2. Has one or more pressure test been conducted since original construction at the point of the Incident?	
- If Yes:	
Most recent year tested:	
Test pressure:	
<b>Complete the following if Excavation Damage by Third Party is selected.</b>	
3. Did the operator get prior notification of the excavation activity?	
3a. If Yes, Notification received from: (select all that apply):	
- One-Call System	
- Excavator	
- Contractor	
- Landowner	
<b>Complete the following mandatory CGA-DIRT Program questions if any Excavation Damage sub-cause is selected.</b>	
4. Do you want PHMSA to upload the following information to CGA-DIRT ( <a href="http://www.cga-dirt.com">www.cga-dirt.com</a> )?	
5. Right-of-Way where event occurred (select all that apply):	
- Public	
- If Public, Specify:	
- Private	
- If Private, Specify:	
- Pipeline Property/Easement	
- Power/Transmission Line	
- Railroad	
- Dedicated Public Utility Easement	
- Federal Land	
- Data not collected	
- Unknown/Other	
6. Type of excavator :	
7. Type of excavation equipment :	
8. Type of work performed :	
9. Was the One-Call Center notified?	
9a. If Yes, specify ticket number:	
9b. If this is a State where more than a single One-Call Center exists, list the name of the One-Call Center notified:	
10. Type of Locator:	
11. Were facility locate marks visible in the area of excavation?	
12. Were facilities marked correctly?	
13. Did the damage cause an interruption in service?	
13a. If Yes, specify duration of the interruption:	
14. Description of the CGA-DIRT Root Cause (select only the one predominant first level CGA-DIRT Root Cause and then, where available as a choice, the one predominant second level CGA-DIRT Root Cause as well):	
- Root Cause Description:	
- If One-Call Notification Practices Not Sufficient, specify:	
- If Locating Practices Not Sufficient, specify:	
- If Excavation Practices Not Sufficient, specify:	
- If Other/None of the Above (explain), specify:	
<b>G4 - Other Outside Force Damage - only one sub-cause can be selected from the shaded left-hand column</b>	
<b>Other Outside Force Damage - Sub-Cause:</b>	
- If Nearby Industrial, Man-made, or Other Fire/Explosion as Primary Cause of Incident:	
- If Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation:	
1. Vehicle/Equipment operated by:	
- If Damage by Boats, Barges, Drilling Rigs, or Other Maritime Equipment or Vessels Set Adrift or Which Have Otherwise Lost Their Mooring:	
2. Select one or more of the following IF an extreme weather event was a factor:	
- Hurricane	
- Tropical Storm	
- Tornado	
- Heavy Rains/Flood	



- Other	
- If Other, Specify:	
<b>- If Routine or Normal Fishing or Other Maritime Activity NOT Engaged in Excavation:</b>	
<b>- If Electrical Arcing from Other Equipment or Facility:</b>	
<b>- If Previous Mechanical Damage NOT Related to Excavation:</b>	
Complete the following ONLY IF the "Part of system involved in Incident" (from Part C, Question 2) is Main, Service, or Service Riser.	
3. Date of the most recent Leak Survey conducted:	
4. Has one or more pressure test been conducted since original construction at the point of the Incident?	
- If Yes:	
Most recent year tested:	
Test pressure (psig):	
<b>- If Intentional Damage:</b>	
5. Specify:	
- If Other, Specify:	
<b>- If Other Outside Force Damage:</b>	
6. Describe:	
<b>G5 - Pipe, Weld, or Joint Failure</b> - only one sub-cause can be selected from the shaded left-hand column	
<b>Pipe, Weld or Joint Failure – Sub-Cause:</b>	
<b>- If Body of Pipe:</b>	
1. Specify:	
- If Other, Describe:	
<b>- If Butt Weld:</b>	
2. Specify:	
- If Other, Describe:	
<b>- If Fillet Weld:</b>	
3. Specify:	
- If Other, Describe:	
<b>- If Pipe Seam:</b>	
4. Specify:	
- If Other, Describe:	
<b>- If Threaded Metallic Pipe:</b>	
<b>- If Mechanical Fitting:</b>	
5. Specify the mechanical fitting involved:	
- If Other, Describe:	
6. Specify the type of mechanical fitting:	
- If Other, Describe:	
7. Manufacturer:	
8. Year manufactured:	
9. Year Installed:	
10. Other attributes:	
11. Specify the two materials being joined:	
11a. First material being joined:	
- Steel	
- Cast/Wrought Iron	
- Ductile Iron	
- Copper	
- Plastic	
- Unknown	
- Other	
- If Other, Specify:	
11b. If Plastic, specify:	
- If Other Plastic, specify:	
11c. Second material being joined:	
- Steel	
- Cast/Wrought Iron	
- Ductile Iron	
- Copper	
- Plastic	



- Unknown	
- Other	
11d. If Plastic, specify:	- If Other, Specify:
	- If Other Plastic, Specify:
12. If used on plastic pipe, did the fitting – as designed by the manufacturer – include restraint?	
12a. If Yes, specify:	
<b>- If Compression Fitting:</b>	
13. Fitting type:	
14. Manufacturer:	
15. Year manufactured:	
16. Year installed:	
17. Other attributes:	
18. Specify the two materials being joined:	
18a. First material being joined:	
- Steel	
- Cast/Wrought Iron	
- Ductile Iron	
- Copper	
- Plastic	
- Unknown	
- Other	
18b. If Plastic, specify:	- If Other, specify:
18c. Second material being joined:	- If Other Plastic, specify:
- Steel	
- Cast/Wrought Iron	
- Ductile Iron	
- Copper	
- Plastic	
- Unknown	
- Other	
18d. If Plastic, specify:	If Other, specify:
	- Other Plastic, specify:
<b>- If Fusion Joint:</b>	
19. Specify:	
	- If Other, Specify:
20. Year installed:	
21. Other attributes:	
22. Specify the two materials being joined:	
22a. First material being joined:	
	- If Other, Specify:
22b. Second material being joined:	
	- If Other, Specify:
<b>- If Other Pipe, Weld, or Joint Failure:</b>	
23. Describe:	
Complete the following if any Pipe, Weld, or Joint Failure sub-cause is selected.	
24. Additional Factors (select all that apply):	
- Dent	
- Gouge	
- Pipe Bend	
- Arc Burn	
- Crack	
- Lack of Fusion	
- Lamination	
- Buckle	
- Wrinkle	
- Misalignment	
- Burnt Steel	
- Other	
25. Was the Incident a result of:	
- Construction defect	
	Specify:
- Material defect	



Specify:	
- If Other, Specify:	
- Design defect	
- Previous damage	
26. Has one or more pressure test been conducted since original construction at the point of the Incident?	
- If Yes:	
Most recent year tested:	
Test pressure:	
<b>G6 - Equipment Failure</b> - only one sub-cause can be selected from the shaded left-hand column	
Equipment Failure – Sub-Cause:	
- If Malfunction of Control/Relief Equipment:	
1. Specify:	
- Control Valve	
- Instrumentation	
- SCADA	
- Communications	
- Block Valve	
- Check Valve	
- Relief Valve	
- Power Failure	
- Stopple/Control Fitting	
- Pressure Regulator	
- Other	
- If Other, Specify:	
- If Threaded Connection Failure:	
2. Specify:	
- If Other, Specify:	
- If Non-threaded Connection Failure:	
3. Specify:	
- If Other, Specify:	
- If Valve:	
4. Specify:	
- If Other, Specify:	
4a. Valve type:	
4b. Manufactured by:	
4c. Year manufactured:	
- If Other Equipment Failure:	
5. Describe:	
<b>G7 - Incorrect Operation</b> - only one sub-cause can be selected from the shaded left-hand column	
Incorrect Operation Sub-Cause:	
- If Damage by Operator or Operator's Contractor NOT Related to Excavation and NOT due to Motorized Vehicle/Equipment Damage:	
- If Valve Left or Placed in Wrong Position, but NOT Resulting in an Overpressure:	
- If Pipeline or Equipment Overpressured:	
- If Equipment Not Installed Properly:	
- If Wrong Equipment Specified or Installed:	
- If "Other Incorrect Operation:	
1. Describe:	
Complete the following if any Incorrect Operation sub-cause is selected.	
2. Was this Incident related to: (select all that apply)	
- Inadequate procedure	
- No procedure established	
- Failure to follow procedure	
- Other	
- If Other, Describe:	
3. What category type was the activity that caused the Incident:	
4. Was the task(s) that led to the Incident identified as a covered task in your	

Operator Qualification Program?	
4a. If Yes, were the individuals performing the task(s) qualified for the task(s)?	
<b>G8 - Other Incident Cause</b> - only one sub-cause can be selected from the shaded left-hand column	
Other Incident Cause - Sub-Cause:	
- If Miscellaneous:	
1. Describe:	
- If Unknown:	
2. Specify:	
<b>PART H - NARRATIVE DESCRIPTION OF THE INCIDENT</b>	
Explosion occurred at 214 Lunenburg St in Fitchburg Mass on February 5, 2013. Until first responders responded to the scene and began leak investigation and found a cracked 4" cast iron main that they repaired and the cause was determined to be from frost conditions down to the top of the main.	
File Full Name Note: The users have to sign in to view the attachment if there is no current user session.	
<b>PART I - PREPARER AND AUTHORIZED SIGNATURE</b>	
Preparer's Name	Daniel Golden
Preparer's Title	Manager Gas Distribution
Preparer's Telephone Number	978-353-3245
Preparer's E-mail Address	golden@unitil.com
Preparer's Facsimile Number	978-353-3345
Authorized Signature	
Authorize Signature's Name	Daniel Golden
Authorized Signature's Title	Manager Gas Distribution
Authorized Signature Telephone Number	978-353-3245
Authorized Signature's Email Address	golden@unitil.com
Date	04/04/2013



## EXHIBIT 2

### Incident Timeline

# 214 Lunenburg St Incident Timeline

Initial Notification		
2/5/2013	17:30	214 Lunenburg St
<ul style="list-style-type: none"><li>Portsmouth Gas Control was notified by Fitchburg Fire Department that there was a possible explosion at 214 Lunenburg St and they need First Responders.</li></ul>		
Until First Responder Notified from Portsmouth Gas Control		
2/5/2013 - 17:31	Mark Corliss	
Mark Corliss - Until First Responder was notified by Gas Control		
Until First Responder Arrives at Scene		
2/5/2013 - 17:32	Mark Corliss	
<ul style="list-style-type: none"><li>Mark Corliss Arrives on scene and checks in with FFD Deputy Chief</li><li>Called Gas Control requesting additional resources<ul style="list-style-type: none"><li>Gas Street Dept.</li><li>Electric Line Crew</li><li>Supervisors</li><li>Digsafe</li></ul></li><li>Shut off and locked the gas meters at 5 Linwood St</li><li>Called Mark Dimeco and Dan Golden to respond</li><li>Began checking surrounding buildings for gas leaks</li></ul>		
Until First Responder Arrives at Scene		
2/5/2013 - 17:40	Bret Yuknavich - First Responder	
<ul style="list-style-type: none"><li>Bret Yuknavich arrives on scene and begins area checks and building checks</li></ul>		
Until Gas Street Crew Arrives		
2/5/2013 - 17:40	Robert Halstead - Utility Worker Lead and Crew	
<ul style="list-style-type: none"><li>Bob Halstead and crew (Kevin Leblanc, and Normand Cormier arrived)</li><li>Began assisting with bar holing, set up aerator, cleared area where strongest readings were located</li><li>Excavated hole over 4 inch cast iron main</li></ul>		
Emergency Notification to Staff		
2/5/2013 - 17:43	Portsmouth Gas Control	
<ul style="list-style-type: none"><li>Portsmouth Gas Control sends out G-Alert at 17:43 to ALL Staff</li></ul>		
Additional Resources Called In		
2/5/2013 - 17:47	Portsmouth Gas Control	
<ul style="list-style-type: none"><li>Portsmouth Gas Control Called In Additional Service Technicians per order of Dan Golden</li></ul>		
Department of Public Utilities Notified by Until Gas Control		
2/5/2013 - 17:56	Until Gas Control - Initial DPU notification	
<ul style="list-style-type: none"><li>Until Gas Control Notified Glen LaChance from the Mass DPU of a possible gas explosion at 214 Lunenburg St - Fitchburg.</li></ul>		
Supervisors Arrive		
2/5/2013 - 18:00 - 18:05	Dan Golden, Mark Dimeco, Ken Labombard	





# 214 Lunenburg St Incident Timeline

<ul style="list-style-type: none"> <li>Mark Dimeco arrived and began supervising the make safe actions of the street crew (Halstead)</li> <li>Dan Golden arrived, checked in with Deputy Chief Curran and asked Ken Labombard to take charge of leak survey of main and services in surrounding area from John Fitch Highway to Boutelle St.</li> </ul>	
<b>Area Made Safe</b>	
2/5/2013 - 18:20 - 18:30	Street Crew
<ul style="list-style-type: none"> <li>4 inch diameter cast iron gas main was bagged off on Linwood St</li> </ul>	
<b>Repairs Made</b>	
2/5/2013 - 19:00 ~	Street Crew
<ul style="list-style-type: none"> <li>Circumferential crack was repaired with a full circle Mueller clamp on 4 inch cast iron main on Linwood St</li> </ul>	
<b>Strategic Response Committee Meeting</b>	
2/5/2013 - 19:15	Tom Melssner, Chris LeBlanc
<ul style="list-style-type: none"> <li>Until Strategic Response Committee held a meeting to discuss Unitil's Response to the Incident.</li> </ul>	
<b>Leak Surveys Completed of Area</b>	
2/5/2013 - 22:30	First Responders
<ul style="list-style-type: none"> <li>Leak Survey of all mains and services between John Fitch Highway and Boutelle St were leak surveyed</li> </ul>	
<b>Service to 214 Lunenburg St - Pressure Tested</b>	
2/5/2013 - 23:10 - 23:25	Street Crew
<ul style="list-style-type: none"> <li>1-1/2 LP bare steel service going to 214 Lunenburg St was pressure tested at 10 PSIG for 15 minutes with no pressure drop per MA DPU Investigators Glen Lachance and Rob McCabe</li> </ul>	
<b>MA DPU and Unitil Supervisors Clean the Scene</b>	
2/5/2013 - 23:40 - 23:50	Supervisors



## 214 Lunenburg St Incident Timeline

- Dan Golden had a meeting with the MA DPU and discussed the plan for the next day to continue the investigation.
- Plan to meet the MA DPU at 09:00 at the office at 285 John Fitch Highway, Fitchburg

### 4 inch cast iron main cut and capped

2/6/2013 - 01:00

Street Crew

- 4 inch diameter cast iron gas main was cut and capped on Linwood St

### 4 inch cast iron main on Linwood St was replaced

2/6/2013 - 10:00 -  
15:30

Street Crew

- 4 inch diameter cast iron gas main replaced with 2" LP HDPE from the main on Lunenburg St to end of line on 5 Linwood St. Old cast iron was inserted with new plastic.

### EXHIBIT 3

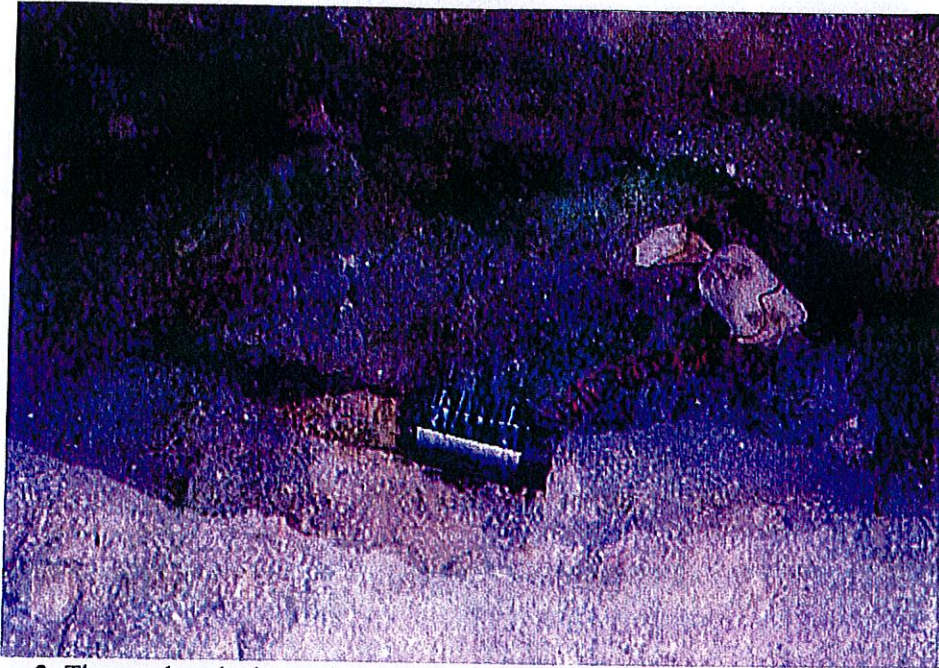
NEFCO Fire Investigations Photographs (clamp installed to repair crack on pipeline):

- (3) The product leak was located, excavated and sleeved
- (4) Closer view of sleeve patch and ground wire
- (57) Both ends have been capped
- (58) Ends capped

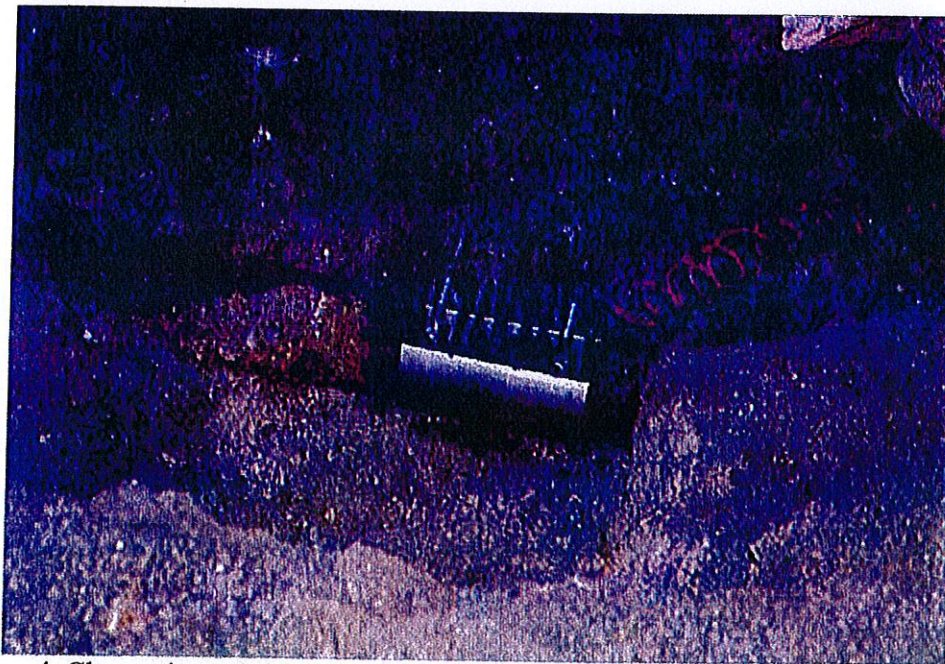


**NEFCO FIRE INVESTIGATIONS**  
**PHOTOGRAPHS**

IR PL 1-21 Attachment A  
Page 2 of 54



3. The product leak was located, excavated and sleeved.



4. Closer view of sleeve patch and ground wire.

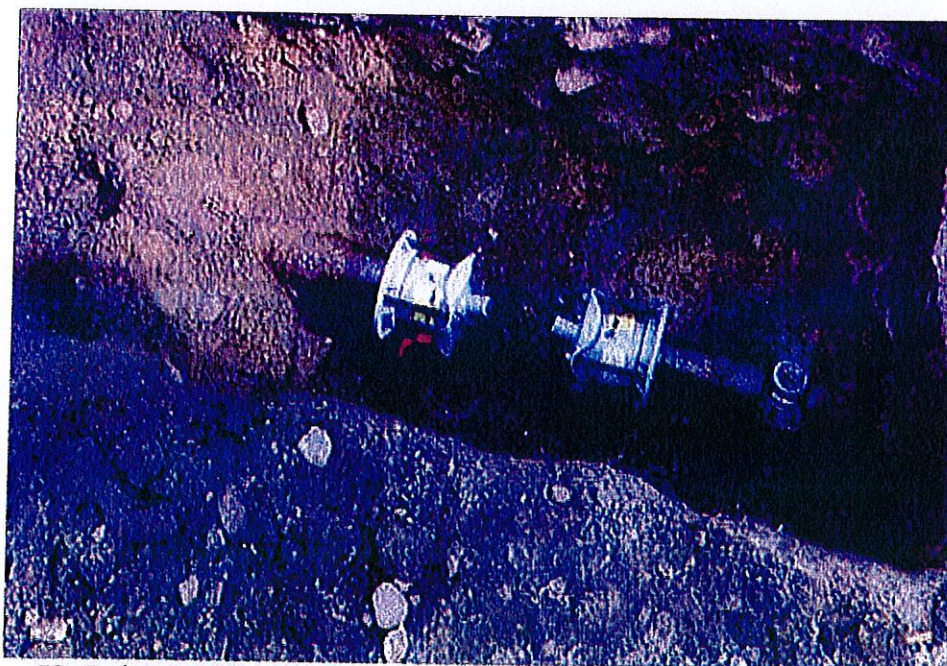


**NEFCO FIRE INVESTIGATIONS**  
**PHOTOGRAPHS**

IR PL 1-21 Attachment A  
Page 29 of 54



57. Both ends have been capped.



58. Ends capped.



## EXHIBIT 4

### NEFCO Fire Investigations Photographs:

- (21) Rubble from destroyed addition to auto parts Store, 214 Lunenburg Street
- (22) Auto parts store in daylight, 214 Lunenburg Street
- (35) Outside front door to store – door frames were blown out and brick veneer had collapsed, 214 Lunenburg Street
- (36) Front side, 214 Lunenburg Street
- (35) View of the apartment building northwest of the scene, 5 Linwood Street
- (36) View of the front doors with the city placards, 5 Linwood Street

**NEFCO FIRE INVESTIGATIONS**  
**PHOTOGRAPHS**

IR PL 1-21 Attachment A  
Page 11 of 54



21. Rubble from destroyed addition to auto parts store. (214 Lunenburg Street)



22. Auto parts store in daylight (214 Lunenburg Street)



**NEFCO FIRE INVESTIGATIONS**  
**PHOTOGRAPHS**

IR PL 1-21 Attachment A  
Page 18 of 54



35. Outside front door to store - door frames were blown out and brick veneer had collapsed. (214 Lunenburg Street)



36. Front side. (214 Lunenburg Street)

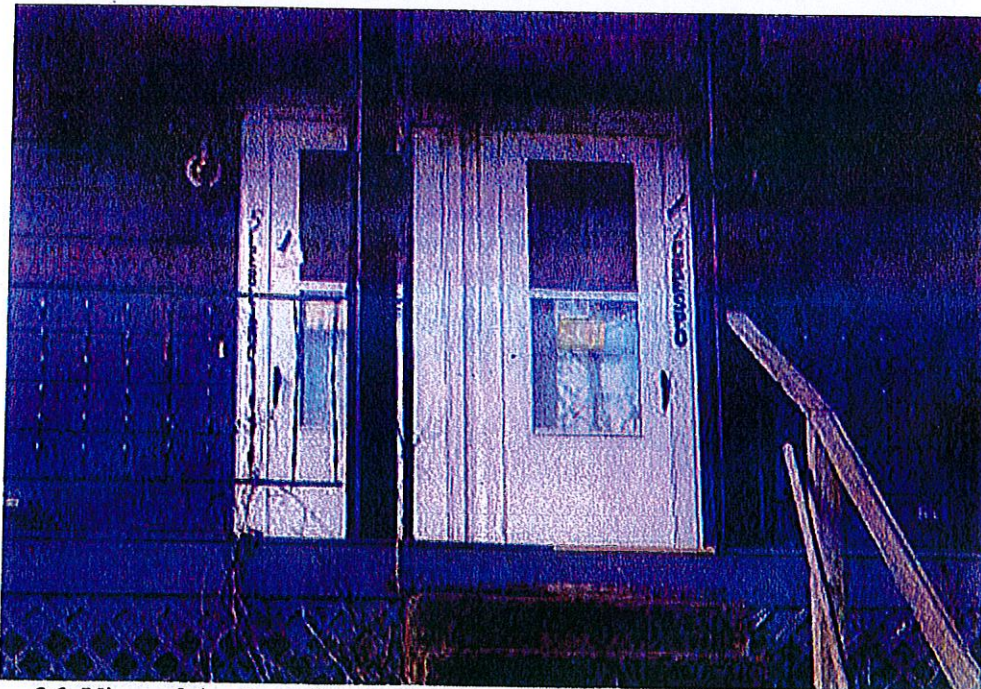


**NEFCO FIRE INVESTIGATIONS**  
**PHOTOGRAPHS**

IR PL 1-21 Attachment B  
Page 18 of 25



35. View of the apartment building northwest of the scene (5 Linwood Street)



36. View of the front doors with the city placards (5 Linwood Street)

NEFCO #:  
1302051451

INSURED: Unitil Service Corp.  
(Investigator Austin's  
photographs)

Page 18 of 25



## **EXHIBIT 5**

**Copy of city of Fitchburg property  
Assessment Record for 214 Lunenburg Street, Front**

Card 1 of 1

Location 214 LUNENBURG ST	Property Account Number 0	Parcel ID 34 86 0
Old Parcel ID -313.972-5.7137345679012		
Current Property Mailing Address		
Owner TATE, JOHN L. + NANCY J. TRS. RM TRUST Address 214 LUNENBURG STREET	City FITCHBURG State MA Zip 01420 Zoning C&A	

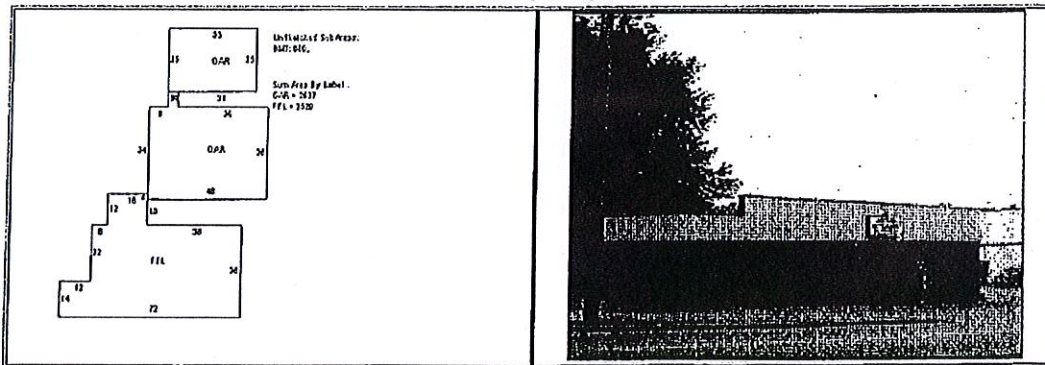
Current Property Sales Information	
Sale Date 12/2/1997 Sale Price 200,000	Legal Reference 3099-181 Grantor(Seller) HOPFMANN, RICHARD A. SR.

Current Property Assessment	
Year 2013	<u>Card 1 Value</u>
Land Area 0.607 acres	Building Value 92,800 Xtra Features Value 6,300 Land Value 142,200 Total Value 241,300

Narrative Description
This property contains 0.607 acres of land mainly classified as AUTOREP with a(n) RTL STORE style building, built about 1910 , having BRICK exterior and MEMBRANE roof cover, with 1 unit(s), 0 total room(s), 0 total bedroom(s), 0 total bath(s), 2 total half bath(s), 0 total 3/4 bath(s).

Legal Description
-------------------

Property Images



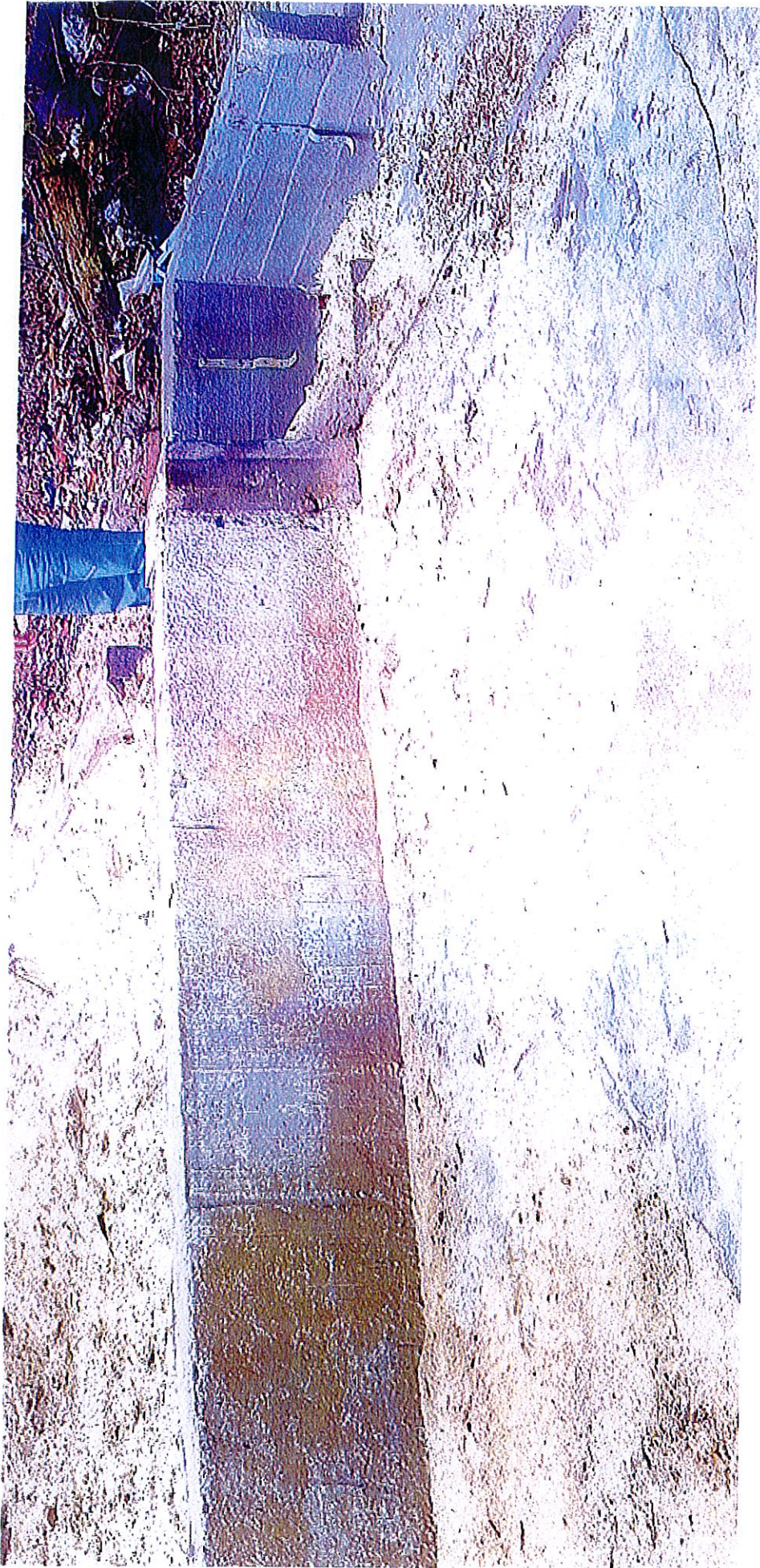


## EXHIBIT 6

Photograph of:

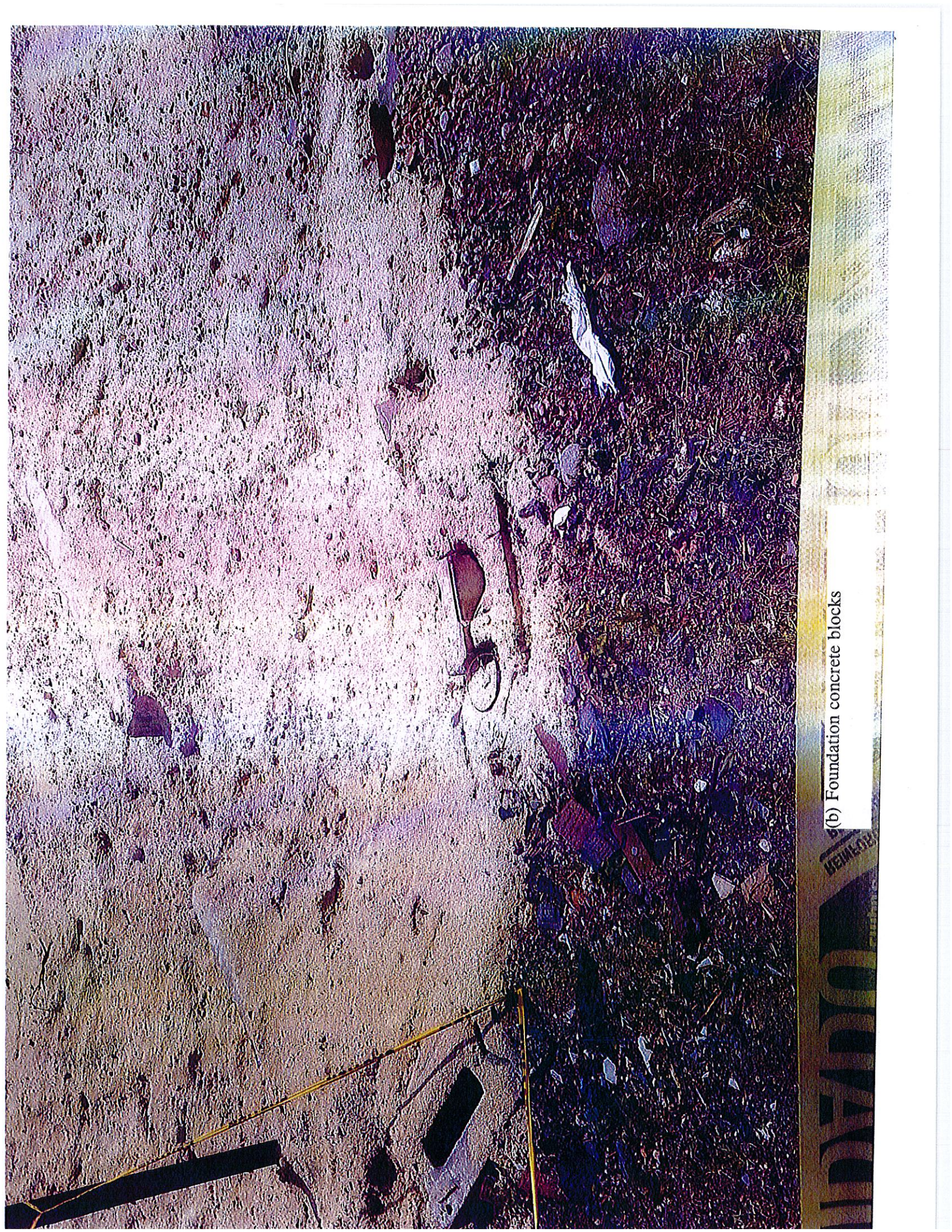
- (a) the northwest corner of the foundation of 214  
Lunenburg Street, Front
- (b) foundation concrete blocks





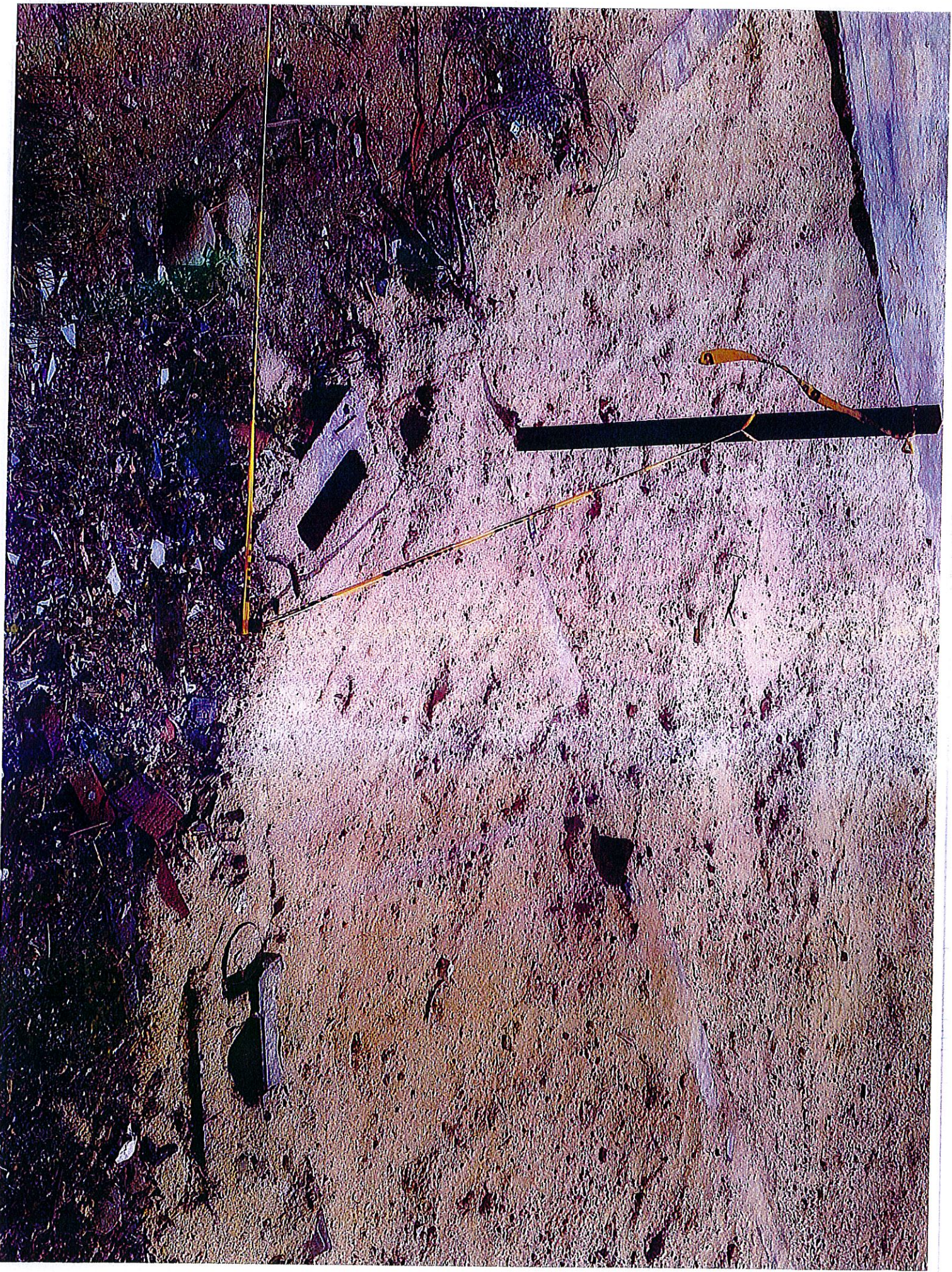
(a) The northwest corner of the foundation of 214 Lunenburg Street, Front





(b) Foundation concrete blocks







## **EXHIBIT 7**

### **City of Fitchburg Fire Department Report**

**A** ☐ Delete ☐ Change ☐ No Activity **NFIRS-1 BASIC**  
OMB 1660-0083  
Expires 06/30/2009  
Paperwork Burden  
Notice on Back

FDID ☐ 2,7,0,9,7 State ☐ M,A Incident Date ☐ 0,2 ☐ 0,5 Station ☐ 2,0,1,3 H.Q. ☐ 4,2,8 Incident Number ☐ 0 Exposure ☐ 0

**B** Location Type ☐ Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B, "Alternative Location Specification. Use only for Wildland fires."

☒ Street address ☐ Intersection ☐ In front of ☐ Rear of ☐ Adjacent to ☐ Directions ☐ US National Grid

Number/Milepost ☐ 214 Prefix ☐ LUNENBURG Street or Highway ☐ S,T Street Type ☐ City ☐ Fitchburg City ☐ M,A State ☐ 0,1,4,2,0 Zip Code ☐ Census Tract ☐ 7,1,0,1

Cross Street, Directions or National Grid, as applicable

**C** Incident Type ☐ Building fire ☐ 111 Incident Type

**D** Aid Given or Received ☐ None ☒ Mutual aid received ☐ Auto. aid received ☐ Mutual aid given ☐ Auto. aid given ☐ Other aid given

**E1** Dates & Times ☐ Check boxes if dates are the same as Alarm Date. ☐ Alarm ☐ Arrival ☐ Controlled ☒ Last Unit Cleared

Month Day Year Hour Min ☐ 0,2 ☐ 0,5 ☐ 2,0,1,3 ☐ 1,7,2,1 ☐ 0,2 ☐ 0,5 ☐ 2,0,1,3 ☐ 1,7,2,6 ☐ 0,2 ☐ 0,5 ☐ 2,0,1,3 ☐ 2,2,2,9

**E2** Shifts & Alarms ☐ Local Option ☐ Shift or Platoon ☐ Alarms ☐ District

**E3** Special Studies ☐ Local Option ☐ Special Study ID# ☐ Special Study Value

**F** Actions Taken ☐ Extinguishment by fire service personnel ☐ 1,1 Primary Action Taken (1) ☐ 1,2 Salvage & overhaul ☐ 6,5 Secure property Additional Action Taken (2) Additional Action Taken (3)

**G1** Resources ☐ Check this box and skip this block if an Apparatus or Personnel Module is used.

Apparatus ☐ 5 ☐ 1,6 Personnel ☐ 1 ☐ 2 EMS ☐ 2 ☐ 2 Other ☐ 2 ☐ 2

**G2** Estimated Dollar Losses and Values ☐ Check box if resource counts include aid received resources.

LOSSES: Required for all fires if known, Optional for non fires. None

Property \$ ☐ 9,5 ☐ 0,0,0 Contents \$ ☐ 5,0,0 ☐ 0,0,0 PRE-INCIDENT VALUE: Optional

Property \$ ☐ 9,5 ☐ 0,0,0 Contents \$ ☐ 5,0,0 ☐ 0,0,0

**Completed Modules** ☒ Fire-2 ☒ Structure Fire-3 ☐ Civilian Fire Cas.-4 ☐ Fire Service Cas.-5 ☐ EMS-6 ☐ HazMat-7 ☐ Wildland Fire-8 ☐ Apparatus-9 ☐ Personnel-10 ☐ Arson-11

**H1** Casualties ☒ None ☐ Deaths ☐ Injuries

Fire Service ☐ Civilian ☐ **H2** Detector ☐ Required for confined fires. ☐ 1 Detector alerted occupants ☒ 2 Detector did not alert them ☐ U Unknown

**H3** Hazardous Materials Release ☐ None ☐ 1 Natural gas: slow leak, no evacuation or HazMat actions ☐ 2 Propane gas: <21 lb. tank (as in home BBQ grill) ☐ 3 Gasoline: vehicle fuel tank or portable container ☐ 4 Kerosene: fuel burning equipment or portable storage ☐ 5 Diesel fuel/fuel oil: vehicle fuel tank or portable storage ☐ 6 Household solvents: home/office spill, cleanup only ☐ 7 Motor oil: from engine or portable container ☐ 8 Paint: from paint cans totaling <55 gallons ☐ 0 Other: Special HazMat actions required or spill > 55 gal (Please complete the HazMat form)

**I** Mixed Use ☐ Not mixed ☐ Property ☐ 10 Assembly use ☐ 20 Education use ☐ 33 Medical use ☐ 40 Residential use ☐ 51 Row of stores ☐ 53 Enclosed mall ☐ 58 Business & residential ☐ 59 Office use ☐ 60 Industrial use ☐ 63 Military use ☐ 65 Farm use ☒ 66 Other mixed use

**J** Property Use ☐ None ☐ Structures ☐ 131 Church, place of worship ☐ 161 Restaurant or cafeteria ☐ 162 Bar/tavern or nightclub ☐ 213 Elementary school, kindergarten ☐ 216 High school, junior high ☐ 241 College, adult education ☐ 311 Nursing Home ☐ 331 Hospital

**Outside** ☐ 124 Playground or park ☐ 655 Crops or orchard ☐ 669 Forest (timberland) ☐ 807 Outdoor storage area ☐ 919 Dump or sanitary landfill ☐ 931 Open land or field

☐ 341 Clinic, clinic-type infirmary ☐ 342 Doctor/dentist office ☐ 361 Prison or jail, not juvenile ☐ 419 1- or 2-family dwelling ☐ 429 Multifamily dwelling ☐ 439 Rooming/boarding house ☐ 449 Commercial hotel or motel ☐ 459 Residential, board and care ☐ 464 Dormitory/barracks ☐ 519 Food and beverage sales

☐ 936 Vacant lot ☐ 938 Graded/cared for plot of land ☐ 946 Lake, river, stream ☐ 951 Railroad right-of-way ☐ 960 Other street ☐ 961 Highway/divided highway ☐ 962 Residential street/driveway

☐ 539 Household goods, sales, repairs ☐ 571 Gas or service station ☐ 579 Motor vehicle/boat sales/repairs ☐ 599 Business office ☐ 615 Electric-generating plant ☐ 629 Laboratory/science laboratory ☐ 700 Manufacturing plant ☐ 819 Livestock/poultry storage (barn) ☐ 882 Non-residential parking garage ☐ 891 Warehouse

☐ 981 Construction site ☐ 984 Industrial plant yard

Look up and enter a Property Use code and description only if you have NOT checked a Property Use box: ☐ Property Use ☐ 5,0,0 Mercantile, business, other



<b>A</b>	FDID	State	MM	DD	YYYY	Station	Incident Number	Exposure	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity	<b>NFIRS-1 BASIC</b> OMB 1660-0069 Expires 06/30/2009
	27097	MA	02	05	2013	HQ	428	0		

**K1 Person/Entity Involved**

Local Option

Business name (if applicable)

Area Code Phone Number

☐ Check this box if same address as incident Location (Section B). Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name MI Last Name Suffix

Number Prefix Street or Highway Street Type Suffix

Post Office Box Apt./Suite/Room City

State Zip Code

☐ More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary.

**K2 Owner**

Local Option

☐ Same as person involved? Then check this box and skip the rest of this section.

**VICTORY AUTO SUPPLY**

Business name (if applicable)

Area Code Phone Number

☐ Check this box if same address as incident Location (Section B). Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name MI Last Name Suffix

52 Prefix MAPLEWOOD Street or Highway D R Street Type Suffix

Post Office Box Apt./Suite/Room TOWNSEND City

MA 01469 State Zip Code

**L Remarks:**

Local Option

Box alarm and then several calls about a explosion at 214 Lunenburg St. Heard police on scene asking for help and several ambulances. Upon arrival front windows were blown out and the B-side of the building had collapsed. Was informed by Detective Romano of the FPD that all occupants of the building were accounted for. E-4 crews stretched a 13/4 line to the B-side to extinguish small amount of fire, a second line was stretched for back up, E-2 was asked to stretch a line down the C-side and to the rear. TL-3 and E-1 were asked to start metering buildings in surrounding area. Until was on scene within a couple of minutes and started excavating in the street. Two people in the store at time of explosion, Mr John Tate, (owner), and a Mr John Macintire of Westminster, both were examined on scene by Med Star. Agencies on scene include Unitil, Robert McCabe (Dept of Public Utilities), Red Cross (10 displaced residents 2 from 5 Linwood, and 8 from 204 Lunenburg St, Building Dept (Duffy Lanciani and Bentley), Fire Prevention State Marshalls Office.

ITEMS WITHA ☆ MUST ALWAYS BE COMPLETED!

☒ More remarks? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary.

**M Authorization**

Check box if same as Officer in charge.

Officer in charge ID Signature Position or rank Assignment Month Day Year

☐ J. CURRAN, CURRAN, JOHN Deputy Chief FF 02 05 2013

Member making report ID Signature Position or rank Assignment Month Day Year

NARRATIVE FOR LIEUTENANT JR., PHILIP D JORDAN JR.

Ref: 13-428-IN

Entered: 02/05/2013 @ 2003      Entry ID: PJORDAN  
Modified: 02/05/2013 @ 2003      Modified ID: PJORDAN

Engine 1 was covering Oak Hill Station. We were the last Fitchburg Apparatus to arrive. E-1 was parked and we continued in for manpower to assist E-2 connecting into hydrant and running lines into the rear C/D corner of the explosion building.

FF Maynard assisted E-4 crews (A-side). FF Morin and myself assisted advancing 1 3/4 line with Engine 2 crew. I metered the building with the 5 gas meter and found slight readings due to smoke but no alarms. We entered the rear workshop with E-2. No fire conditions. We found The electrical main in the garage with multiple meters and shut the power off to the building. The furnace emergency shut off was also shut off as the oil tanks in the furnace room appeared to have shifted from the blast.

C-1 sent E1 and TL3 on a meter check to all surrounding building. TL3 started on the B-side. We checked (C-D sides) Performance Transmission, NAPA, Conquest, Dip-In donuts. We found nothing by meter regarding natural gas.

Assisted in breaking down Engine 4 handlines and returned completely in service to HQ.

Used Thermal Imager and Gas Meter.

FF Maynard FF Morin Lt.P.Jordan

NARRATIVE FOR LIEUTENANT DANTE W SUAREZ

Ref: 13-428-IN

Entered: 02/05/2013 @ 2307      Entry ID: DSUAREZ  
Modified: 02/05/2013 @ 2329      Modified ID: BMURCH

10E4 WAS DISPATCHED ON A FIRST ALARM RESPONSE TO 214 LUNENBURG STREET ON REPORTS OF A BUILDING EXPLOSION. UPON ARRIVAL, THE B-SIDE OF THE ONE STORY BUILDING WAS LEVELED AND FIRE WAS BURNING FROM THE RUBBLE. PVT TORRES AND PVT ROY TIED INTO THE NEAREST HYDRANT WHILE LT. SUAREZ AND PVT ROBLES STRETCHED 2 13/4 LINES TO BEGAN EXTINGUISHING THE FIRE. ONCE THE FIRE WAS KNOCKED DOWN WITH THE HELP OF THE RESCUE-3 AND TL-3 CREWS, THE 10E4 CREW WAS ORDERED INTO THE BUILDING TO SEARCH FOR POSSIBLE VICTIMS AND/OR FIRE EXTENSION. NO VICTIMS OR FIRE WERE FOUND INSIDE THE BUILDING. THE 10E4 CREW REMAINED ON SCENE OVERHAULING HOT SPOTS WITHIN THE RUBBLE UNTIL REALEASED BACK TO HQ TO REPACK THE ENGINE AND RETURN TO FULL SERVICE.

LT. D. SUAREZ  
PVT. M. TORRES  
PVT. F. ROBLES  
PVT. A. ROY

NARRATIVE FOR CAPTAIN BRIAN D MURCHIE



Ref: 13-428-IN

Entered: 02/05/2013 @ 2325  
Modified: 02/05/2013 @ 2325

Entry ID: BMURCH  
Modified ID: BMURCH

TOWER LADDER 3 ARRIVED ON SCENE OF AN EXPLOSION VICTORY AUTO PARTS. ORDERED BY D.C. TO CHECK ADJACENT BUILDINGS FOR OCCUPANTS AND TO METER BUILDINGS STARTING WITH THE RESIDENCE TO THE REAR ON LINWOOD. CHECKED THAT BUILDING AND KEOSHA SHOE AND ALDRICH FOUND NO TRACES OF GAS.

MURCHIE  
PIERMARINI  
HAVERTY  
PARRILO

NARRATIVE FOR DEPUTY CHIEF JOHN C CURRAN

Ref: 13-428-IN

Entered: 02/06/2013 @ 0605  
Modified: 02/06/2013 @ 0605

Entry ID: JCURRAN  
Modified ID: JCURRAN

Three building were tagged by the Building Department 204&214 Lunenburg St as well as 5 Linwood St. Residence from Linwood St. G. Leblanc and a Ms Brouvior and eight residence from 204 Lunenburg St Mian Din Chen and family were assisted by the Red Cross. E-6 and Special Ops called to scene for overhaul.

NARRATIVE FOR LIEUTENANT GREGORY J MAY

Ref: 13-428-IN

Entered: 03/13/2013 @ 2109  
Modified: 03/13/2013 @ 2109

Entry ID: GMAY  
Modified ID: GMAY

ENG 2 RESPONDED ON BUILDING EXPLOSION. UPON ARRIVAL FROM ORDERS OF 10 C-1, ENG 2 CREW STRETCHED 1 3/4 LINE TO D SIDE OF BUILDING. CHECKED BUILDING TO REAR WITH PID AND MONITERED FOR ANY CO PROBLEMS. ENG 2 DRIVER CONNECTED TO HYDRANT FOR WATER IF NEEDED. MONITERED D SIDE OF BUILDING FOR ANY HAZARDS. RELEASED TO CENTRAL AND ASSISTED CREWS WITH PUTTING TRUCKS BACK IN SERVICE.

MAY  
RAMOS  
SUAREZ

<b>A</b> FDID <u>2,7,0,9,7</u> State <u>MA</u> Incident Date <u>0,2</u> <u>0,5</u> <u>2,0,1,3</u> Station <u>HQ</u> Incident Number <u>4,2,8</u> Exposure <u>0</u> <div style="text-align: right;"><input type="checkbox"/> Delete <input type="checkbox"/> Change</div>				<b>NFIRS-2 FIRE</b> OMB 1660-0069 Expires 06/30/2009 Paperwork Burden Notice on Back	
<b>B Property Details</b>		<b>C On-Site Materials or Products</b> <input checked="" type="checkbox"/> None <small>Complete if there were any significant amounts of commercial, industrial, energy or agricultural products or materials on the property whether or not they became involved.</small>			
<b>B1</b> <u>0</u> <input checked="" type="checkbox"/> Not Residential <small>Estimated number of residential living units in building of origin whether or not all units became involved</small>		<small>Enter up to three codes. Check one box for each code.</small> On-site material (1) <u>                    </u>			
<b>B2</b> <u>0</u> <input checked="" type="checkbox"/> Buildings not involved <small>Number of buildings involved</small>		On-site material (2) <u>                    </u>			
<b>B3</b> <u>          </u> <input checked="" type="checkbox"/> None <small>Acres burned (outside fires)</small> <input type="checkbox"/> Less than one acre		On-site material (3) <u>                    </u>			
<b>D Ignition</b>		<b>E1 Cause of Ignition</b> <input checked="" type="checkbox"/> <input type="checkbox"/> Check box if this is an exposure report. <span style="border: 1px solid black; padding: 2px;">Skip to Section G</span>		<b>E3 Human Factors Contributing to Ignition</b> <input checked="" type="checkbox"/> None	
<b>D1</b> <u>2,7</u> <u>Office</u> <small>Area of fire origin</small>		1 <input type="checkbox"/> Intentional 2 <input checked="" type="checkbox"/> Unintentional 3 <input type="checkbox"/> Failure of equipment or heat source 4 <input type="checkbox"/> Act of nature 5 <input type="checkbox"/> Cause under investigation U <input type="checkbox"/> Cause undetermined after investigation		Check all applicable boxes 1 <input type="checkbox"/> Asleep 2 <input type="checkbox"/> Possibly impaired by alcohol or drugs 3 <input type="checkbox"/> Unattended person 4 <input type="checkbox"/> Possibly mentally disabled 5 <input type="checkbox"/> Physically disabled 6 <input type="checkbox"/> Multiple persons involved	
<b>D2</b> <u>0,0</u> <u>Heat source: other</u> <small>Heat source</small>		<b>E2 Factors Contributing To Ignition</b> <input checked="" type="checkbox"/> None		7 <input type="checkbox"/> Age was a factor	
<b>D3</b> <u>1,0</u> <u>Structural component or finish, other</u> <small>Item first ignited</small> <input type="checkbox"/> Check box if fire spread was confined to object of origin		Factor contributing to ignition (1) <u>                    </u>		Estimated age of person involved <u>          </u>	
<b>D4</b> <u>1,2</u> <u>LP gas</u> <small>Type of material first ignited</small>		Factor contributing to ignition (2) <u>                    </u>		1 <input type="checkbox"/> Male    2 <input type="checkbox"/> Female	
<b>F1 Equipment Involved In Ignition</b> <input checked="" type="checkbox"/> None <span style="border: 1px solid black; padding: 2px;">If equipment was not involved, skip to Section G</span>		<b>F2 Equipment Power</b>		<b>G Fire Suppression Factors</b>	
Equipment Involved <u>                    </u> Brand <u>                    </u> Model <u>                    </u> Serial # <u>                    </u> Year <u>          </u>		Equipment Power Source <u>                    </u>		<small>Enter up to three codes.</small> <input checked="" type="checkbox"/> None	
		<b>F3 Equipment Portability</b> 1 <input type="checkbox"/> Portable 2 <input type="checkbox"/> Stationary <small>Portable equipment normally can be moved by one or two persons, is designed to be used in multiple locations, and requires no tools to install.</small>		Fire suppression factor (1) <u>                    </u>	
				Fire suppression factor (2) <u>                    </u>	
				Fire suppression factor (3) <u>                    </u>	
<b>H1 Mobile Property Involved</b> <input checked="" type="checkbox"/> None		<b>H2 Mobile Property Type &amp; Make</b>		<b>Local Use</b>	
1 <input type="checkbox"/> Not involved in ignition, but burned 2 <input type="checkbox"/> Involved in ignition, but did not burn 3 <input type="checkbox"/> Involved in ignition and burned		Mobile property type <u>                    </u> Mobile property make <u>                    </u> Year <u>          </u>		<input type="checkbox"/> Pre-Fire Plan Available <small>Some of the information presented in this report may be based upon reports from other agencies:</small> <input type="checkbox"/> Arson report attached <input type="checkbox"/> Police report attached <input type="checkbox"/> Coroner report attached <input type="checkbox"/> Other reports attached	
Mobile property model <u>                    </u>		License Plate Number <u>                    </u> State <u>          </u> VIN <u>                    </u>			
<b>Structure fire? Please be sure to complete the Structure Fire form (NFIRS-3)</b>					



<b>A</b> FDID <u>2,7,0,9,7</u> State <u>MA</u> Incident Date MM <u>0,2</u> DD <u>0,5</u> YYYY <u>2,0,1,3</u> Station <u>HQ</u> Incident Number <u>4,2,8</u> Exposure <u>0</u>		<b>NFIRS-3 STRUCTURE FIRE</b> OMB 1660-0069 Expires 06/30/2009 Paperwork Burden Notice on Back	
<b>I1 Structure Type</b> ☆ If fire was in an enclosed building or a portable/mobile structure, complete the rest of this form <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">           1 <input checked="" type="checkbox"/> Enclosed building            2 <input type="checkbox"/> Portable/mobile structure            3 <input type="checkbox"/> Open structure            4 <input type="checkbox"/> Air-supported structure            5 <input type="checkbox"/> Tent            6 <input type="checkbox"/> Open platform (e.g. piers)            7 <input type="checkbox"/> Underground structure (work areas)            8 <input type="checkbox"/> Connective structure (e.g. fences)            9 <input type="checkbox"/> Other type of structure         </div>		<b>I2 Building Status</b> ☆ 1 <input type="checkbox"/> Under construction 2 <input checked="" type="checkbox"/> Occupied & operating 3 <input type="checkbox"/> Idle, not routinely used 4 <input type="checkbox"/> Under major renovation 5 <input type="checkbox"/> Vacant and secured 6 <input type="checkbox"/> Vacant and unsecured 7 <input type="checkbox"/> Being demolished 8 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	
<b>I3 Building Height</b> ☆ Count the roof as part of the highest story Total number of stories at or above grade <u>1</u> Total number of stories below grade <u>1</u>		<b>I4 Main Floor Size</b> ☆ Total square feet _____ OR Length in feet <u>46</u> BY Width in feet <u>72</u>	
<b>J1 Fire Origin</b> ☆ <u>1</u> Story of fire origin <input type="checkbox"/> Below grade		<b>J3 Number of Stories Damaged By Flame</b> ☆ Count the roof as part of the highest story Number of stories w/ minor damage (1 to 24% flame damage) _____ Number of stories w/ significant damage (25 to 49% flame damage) _____ Number of stories w/ heavy damage (50 to 74% flame damage) _____ <u>1</u> Number of stories w/ extreme damage (75 to 100% flame damage) _____	
<b>J2 Fire Spread</b> ☆ If fire spread was confined to object of origin do not check a box (Ref. Block D3, Fire Module) 2 <input checked="" type="checkbox"/> Confined to room of origin 3 <input type="checkbox"/> Confined to floor of origin 4 <input type="checkbox"/> Confined to building of origin 5 <input type="checkbox"/> Beyond building of origin		<b>K Type of Material Contributing Most To Flame Spread</b> ☆ <input checked="" type="checkbox"/> Check if no flame spread OR if same as Material First Ignited (Block D1, Fire Module) OR if unable to determine <span style="border: 1px solid black; padding: 2px;">Skip to Section L</span> <b>K1</b> _____ Item contributing most to flame spread <b>K2</b> _____ Type of material contributing most to flame spread Required only if item contributing code is 00 or <70.	
<b>L1 Presence of Detectors</b> ☆ (In area of the fire) N <input checked="" type="checkbox"/> None Present <span style="border: 1px solid black; padding: 2px;">Skip to section M</span> 1 <input type="checkbox"/> Present U <input type="checkbox"/> Undetermined		<b>L3 Detector Power Supply</b> ☆ 1 <input type="checkbox"/> Battery only 2 <input type="checkbox"/> Hardwire only 3 <input type="checkbox"/> Plug-in 4 <input type="checkbox"/> Hardwire with battery 5 <input type="checkbox"/> Plug-in with battery 6 <input type="checkbox"/> Mechanical 7 <input type="checkbox"/> Multiple detectors & power supplies 8 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	
<b>L2 Detector Type</b> ☆ 1 <input type="checkbox"/> Smoke 2 <input type="checkbox"/> Heat 3 <input type="checkbox"/> Combination smoke and heat 4 <input type="checkbox"/> Sprinkler, water flow detection 5 <input type="checkbox"/> More than one type present 6 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined		<b>L4 Detector Operation</b> ☆ 1 <input type="checkbox"/> Fire too small to activate <span style="border: 1px solid black; padding: 2px;">Complete Block L5</span> 2 <input type="checkbox"/> Operated <span style="border: 1px solid black; padding: 2px;">Complete Block L6</span> 3 <input type="checkbox"/> Failed to operate U <input type="checkbox"/> Undetermined	
<b>L5 Detector Effectiveness</b> ☆ Required if detector operated 1 <input type="checkbox"/> Alerted occupants, occupants responded 2 <input type="checkbox"/> Alerted occupants, occupants failed to respond 3 <input type="checkbox"/> There were no occupants 4 <input type="checkbox"/> Failed to alert occupants U <input type="checkbox"/> Undetermined		<b>L6 Detector Failure Reason</b> ☆ Required if detector failed to operate 1 <input type="checkbox"/> Power failure, shutoff, or disconnect 2 <input type="checkbox"/> Improper installation or placement 3 <input type="checkbox"/> Defective 4 <input type="checkbox"/> Lack of maintenance, includes not cleaning 5 <input type="checkbox"/> Battery missing or disconnected 6 <input type="checkbox"/> Battery discharged or dead 7 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	
<b>M1 Presence of Automatic Extinguishing System</b> ☆ N <input checked="" type="checkbox"/> None Present <span style="border: 1px solid black; padding: 2px;">Complete rest of Section M</span> 1 <input type="checkbox"/> Present 2 <input type="checkbox"/> Partial System Present U <input type="checkbox"/> Undetermined		<b>M3 Operation of Automatic Extinguishing System</b> ☆ Required if fire was within designed range 1 <input type="checkbox"/> Operated/effective (go to M4) 2 <input type="checkbox"/> Operated/not effective (go to M4) 3 <input type="checkbox"/> Fire too small to activate 4 <input type="checkbox"/> Failed to operate (go to M3) 5 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	
<b>M2 Type of Automatic Extinguishment System</b> ☆ Required if fire was within designed range OAES 1 <input type="checkbox"/> Wet-pipe sprinkler 2 <input type="checkbox"/> Dry-pipe sprinkler 3 <input type="checkbox"/> Other sprinkler system 4 <input type="checkbox"/> Dry chemical system 5 <input type="checkbox"/> Foam system 6 <input type="checkbox"/> Halogen-type system 7 <input type="checkbox"/> Carbon dioxide (CO <sub>2</sub> ) system 8 <input type="checkbox"/> Other special hazard system U <input type="checkbox"/> Undetermined		<b>M4 Number of Sprinkler Heads Operating</b> ☆ Required if system operated Number of sprinkler heads operating _____	
<b>M5 Reason for Automatic Extinguishing System Failure</b> ☆ Required if system failed or not effective 1 <input type="checkbox"/> System shut off 2 <input type="checkbox"/> Not enough agent discharged 3 <input type="checkbox"/> Agent discharged but did not reach fire 4 <input type="checkbox"/> Wrong type of system 5 <input type="checkbox"/> Fire not in area protected 6 <input type="checkbox"/> System components damaged 7 <input type="checkbox"/> Lack of maintenance 8 <input type="checkbox"/> Manual intervention 9 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined		NFIRS-3 Revision 01/01/07	

<b>A</b> FDID <input type="text" value="2,7,0,9,7"/> State <input type="text" value="M,A"/> Incident Date <input type="text" value="0,2"/> <input type="text" value="0,5"/> <input type="text" value="2,0,1,3"/> Station <input type="text" value="H,0"/> Incident Number <input type="text" value="4,2,8"/> Exposure <input type="text" value="0"/> <input type="checkbox"/> Delete <input type="checkbox"/> Change <b>NFIRS - MA State</b>		
<b>B<sub>1</sub> Critical Incident</b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 10px auto;">If no, Skip to section C</div>	<b>B<sub>2</sub> Team Mobilized</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>B<sub>3</sub> Circumstances</b> Max of 3 choices. <div style="list-style-type: none; padding-left: 0;"><div>1 <input type="checkbox"/> Serious Injury or line of duty death</div><div>2 <input type="checkbox"/> Suicide of a co-worker</div><div>3 <input type="checkbox"/> Death or serious injury to a child</div><div>4 <input type="checkbox"/> Prolonged failed rescue</div><div>5 <input type="checkbox"/> Multi-casualty Incident/disaster</div><div>6 <input type="checkbox"/> Victim is known to the responder</div><div>7 <input type="checkbox"/> Any incident where the personal safety of the responder is jeopardized</div><div>8 <input type="checkbox"/> Incidents with excessive media interest</div><div>9 <input type="checkbox"/> Any incident with unusually strong emotional components</div></div>
<b>C<sub>1</sub> Insurance Information</b> <small>Enter insurance information for the owner entered in section K2 of the Basic form (NFIRS-1).</small>  <div style="display: flex; justify-content: space-between;"><div><input type="text" value="Main Street American"/> <small>Insurance Company</small></div><div>Total amount \$ <input type="text" value=""/> , <input type="text" value=""/> , <input type="text" value=""/> , <input type="text" value=""/></div></div>		<b>C<sub>2</sub> Car Stolen</b> <small>Was the vehicle entered in section H2 of the Fire form (NFIRS-2) stolen?</small>  <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>D<sub>1</sub> HazMat Tier Levels</b> <div style="list-style-type: none; padding-left: 0;"><div>01 <input type="checkbox"/> Hazard &amp; Risk Assessment</div><div>02 <input type="checkbox"/> Short Term Operations</div><div>03 <input type="checkbox"/> Long Term Operations</div><div>04 <input type="checkbox"/> Multiple Team Operations</div></div>	<b>D<sub>2</sub> Number of Entries</b> <div style="text-align: center; margin-top: 10px;"><input type="text" value=""/> <small>Number of entries made by emergency personnel</small></div>	<b>D<sub>3</sub> Suit/PPE Levels</b> <div style="list-style-type: none; padding-left: 0;"><div>01 <input type="checkbox"/> Level A</div><div>02 <input type="checkbox"/> Level B</div><div>03 <input type="checkbox"/> Level C</div><div>04 <input type="checkbox"/> Level D</div></div>



## EXHIBIT 8

Copy of Unitil records for installation and discontinuation  
of 214 Lunenburg Street, Front, gas service

[illegible]

LOCATION OF \_\_\_\_\_  
OF \_\_\_\_\_  
END OF MAIN \_\_\_\_\_  
DEPTH OF MAIN \_\_\_\_\_

SKETCH

normal  
digging

18 ft

12 ft

21 ft

Summerville at

Summerville at

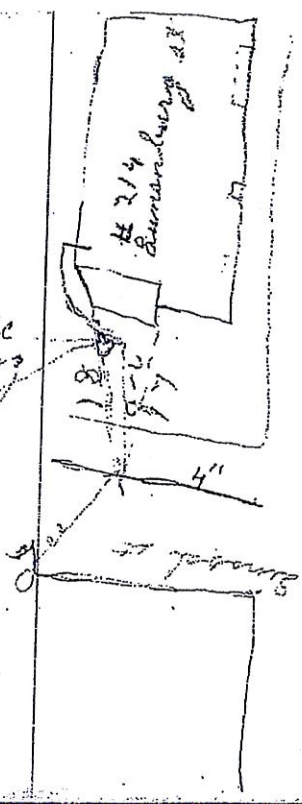


<b>GAS SERVICE</b>		<b>EXTENSION-REPAIR</b>							
(GROSS OF HEADINGS WHICH DO NOT APPLY)									
214 <u>Lunenburg</u> STREET, CITY									
DATE	11-16-45	ORDER NO.	856-5977						
CUSTOMER	Ply Auto Electric								
SERVICE	1 1/2"	STARTS							
SIZE	Service plugged with naphthalene								
RUNS	TIME CONSUMED								
<table border="1"> <tr> <td>Plugging 6" x 6"</td> <td>1.15</td> </tr> <tr> <td>Reaming 6" x 6"</td> <td>2.15</td> </tr> <tr> <td>Running 6" x 6"</td> <td>3.33</td> </tr> </table>				Plugging 6" x 6"	1.15	Reaming 6" x 6"	2.15	Running 6" x 6"	3.33
Plugging 6" x 6"	1.15								
Reaming 6" x 6"	2.15								
Running 6" x 6"	3.33								
MATERIALS USED									
1. 1 1/2" x 1 1/2" x 1 1/2" AT 11-16-45 Plus 1 1/2" x 6" Reamer Co. 2.15 1 Normal Bag of Cement 3.33									
WORK BEGUN	Nov 16-1945								
WORK FINISHED	Nov 17-1945								
			FOREMAN						

N. B. Sketches shown on back.

**SKETCH**

Normal  
Supplies



Lunenburg St



**Commonwealth of Massachusetts  
Department of Public Utilities  
Pipeline Engineering and Safety Division**

**Fitchburg Gas and Electric Light Company d/b/a Unitil  
Unitil – 214 Lunenburg Street, Fitchburg (February 5, 2013)**

**First Set of Information Requests From  
The Pipeline Engineering and Safety Division of  
The Department of Public Utilities**

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For the period of time between February 5, 2009 and February 5, 2013, there were four (4) service work orders for 5 Linwood Street, and no service work orders for either 49 Linwood Street or 214 Lunenburg Street. Company records documenting these service work orders are provided in the following attachments to this response.

Address	Date	Service Work Order
5 Linwood St.	3/16/2012	IR PL 1-15 ATTACHMENT D
5 Linwood St.	9/18/2012	IR PL 1-15 ATTACHMENT E
5 Linwood St.	9/18/2012	IR PL 1-15 ATTACHMENT F
5 Linwood St.	10/1/2012	IR PL 1-15 ATTACHMENT G
49 Linwood St.	None	None
214 Lunenburg St. (Rear)	None	None

**Abandoned Service Lines**

The Company has identified one service line at 214 Lunenburg Street, Fitchburg that was installed in 1942 and was believed to have been abandoned. This service was separate and distinct from the active service to the rear of 214 Lunenburg Street, and had provided service to a separate building at the same address approximately 70 years ago. A record search identified a service card with an installation date of 10/9/1942, and a subsequent record of the service being plugged on 11/16/1945. These service records are provided as IR PL 1-15 Attachment H. There was no record of a service at this address (active or inactive) in the Company's Compliance Management System (CMS) or Customer Information System (CIS).

During the February 5, 2013 emergency response and incident investigation, the Company identified a gas meter assembly inside the basement of 214 Lunenburg Street, and an apparent service connection at the 4" cast iron gas main. The Company excavated at the outside wall of the building, but did not find a buried service pipe. A pressure test was conducted on the service line at the main, and the test held a 15 minute test at 10 psig. The test record is provided as IR PL 1-15 Attachment I.

**Person Responsible:** Dan Golden, Stacey Kilroy,  
Christopher LeBlanc

**Date:** April 18, 2013



## EXHIBIT 9

Copy of Until records of abandonment and reinstallation  
of gas service to 214 Lunenburg Street, Rear

**GAS MAIN  
GAS SERVICE**

**EXTENSION  
REPAIR**

(CROSS OFF HEADINGS WHICH DO NOT APPLY)

No. 214 Loxenberg St. STREET, CITY Fitchburg

DATE 11-8-83 ORDER No. \_\_\_\_\_

CUSTOMER East Side Motors

SIZE 3/4" MAIN H.P. STARTS \_\_\_\_\_

RUNS Coated Steel

**TIME CONSUMED**

	<u>Chandler gas</u>
	<u>See O'Connell</u>
	<u>C6317 10/20/93</u>
	<u>F-5 Near Hunter</u>
	<u>Sullivan 3/15/84</u>
	<u>Expanded plug</u>

**MATERIALS USED** a Cap

ON ACTIVE GAS ROSTER  
ON 10-15-96

WORK BEGUN \_\_\_\_\_

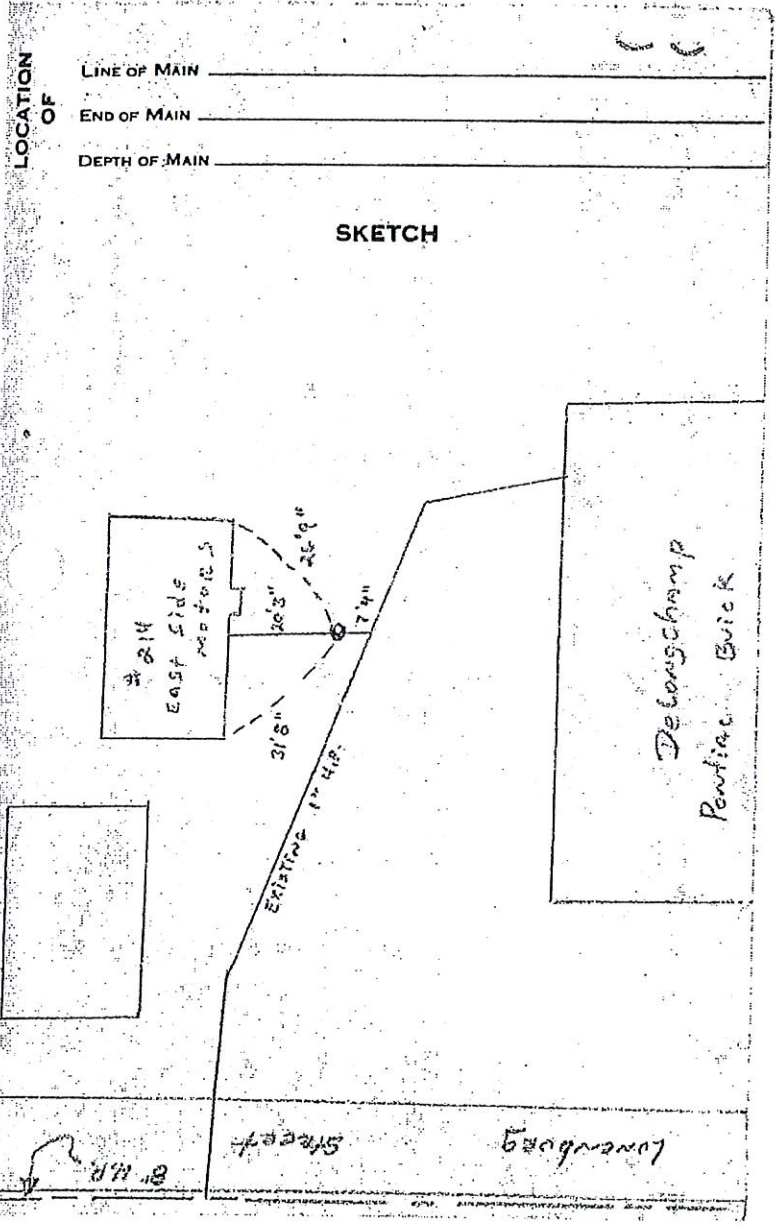
WORK FINISHED \_\_\_\_\_

FOREMAN \_\_\_\_\_

N. B. Sketches shown on back.

FORM 0-3630







## DISTRIBUTION WORK ORDER

At House/ To House

At Lot / To Lot

Street Address

TOWN

Building #

Unit #

Suite No.

Apt. No

Intersection: From / To

Fed From Street

Account/CWO #

CMS Service #

Business Name

- ☐ Public Building  
☐ Residential Building  
☒ Commercial Building

Work Start Date

Work Completed Date

MAIN Work Performed  
Circle All that Apply

New

Replacement  
Partial / Full

Full Retire

Partial Retire

Tie-In

Stub

Remediation

Other

SERVICE Work Performed  
Circle All that Apply

New

Replacement  
Partial / Full

Full Retire

Partial Retire

Tie-Over

Stub

Remediation

Other

## Existing At Site

YES UNK

- ☐ 1. Meter Fit  
☐ 2. Curb Valve

ST SW Property

- ☐ 3. Excess Flow Valve  
400 550 700 2600

- ☐ 4. Anode  
☐ 5. Meter Protection  
☐ 6. Riser Tag  
☐ 7. Farm Tap/PLV

## Installed on this WO

- ☒ 1. Meter Fit  
☒ 2. Curb Valve

ST SW Property

- ☐ 3. Excess Flow Valve  
400 550 700 2600

- ☐ 4. Anode  
☐ 5. Meter Protection  
☐ 6. Riser Tag  
☐ 7. Farm Tap/PLV

Serial #

## Locations

Meter Regulator

- In ☐ ☐  
Out ☒ ☒  
Front ☐ ☐  
Back ☐ ☐  
Left ☐ ☐  
Right ☒ ☒

## GPS Date

9/27/13

	Pipe Installed	Pipe Installed	Main Exposed Pipe	Service Exposed Pipe	Main Retired Pipe	Service Retired Pipe
Main ID #						
System ID#	Fitch. hp			Fitch. hp		
Pipe Size	1" IPS			1" CS		
MFG Lot #	W7008					
SDR#	DR11					
MFG Date	01 30 13					
Length	41'			1'		
Pressure	high			high		
Pipe Material	HDPE			CS		
Depth	30"			30"		
Coat Type	HDPE			CS		
CS Coat Condition			G - MD - ED	G MD - ED		
Pipe Condition	G F - P - VP	G - F - P - VP	G - F - P - VP	G F - P - VP	G - F - P - VP	G - F - P - VP
Pit Depth						
Class Location	Class 1	Class 2	Class 3	Class 4		
Soil Conditions	Gravel	Sand	Clay	Rocky		
Installation Method	Direct Burial	41' ft	Insert	ft	Trenchless	ft. Open Trench

Test Date On

9-27-13

Pressure Test Date

155

ID#

Time On

10:30

Pressure at Start

Pre-Tested Pipe

Air Nitro

Medium

Soap Test

N

List Service Meter #s

Test Date Off

10:45

Pressure at End

155

Gauge

ID#

Chart

ID#

Pressure Test

Time Off

9-27-13

Duration

15 min.

Chart

ID#

Detailed Work Description and Comments

Supervisor Signature

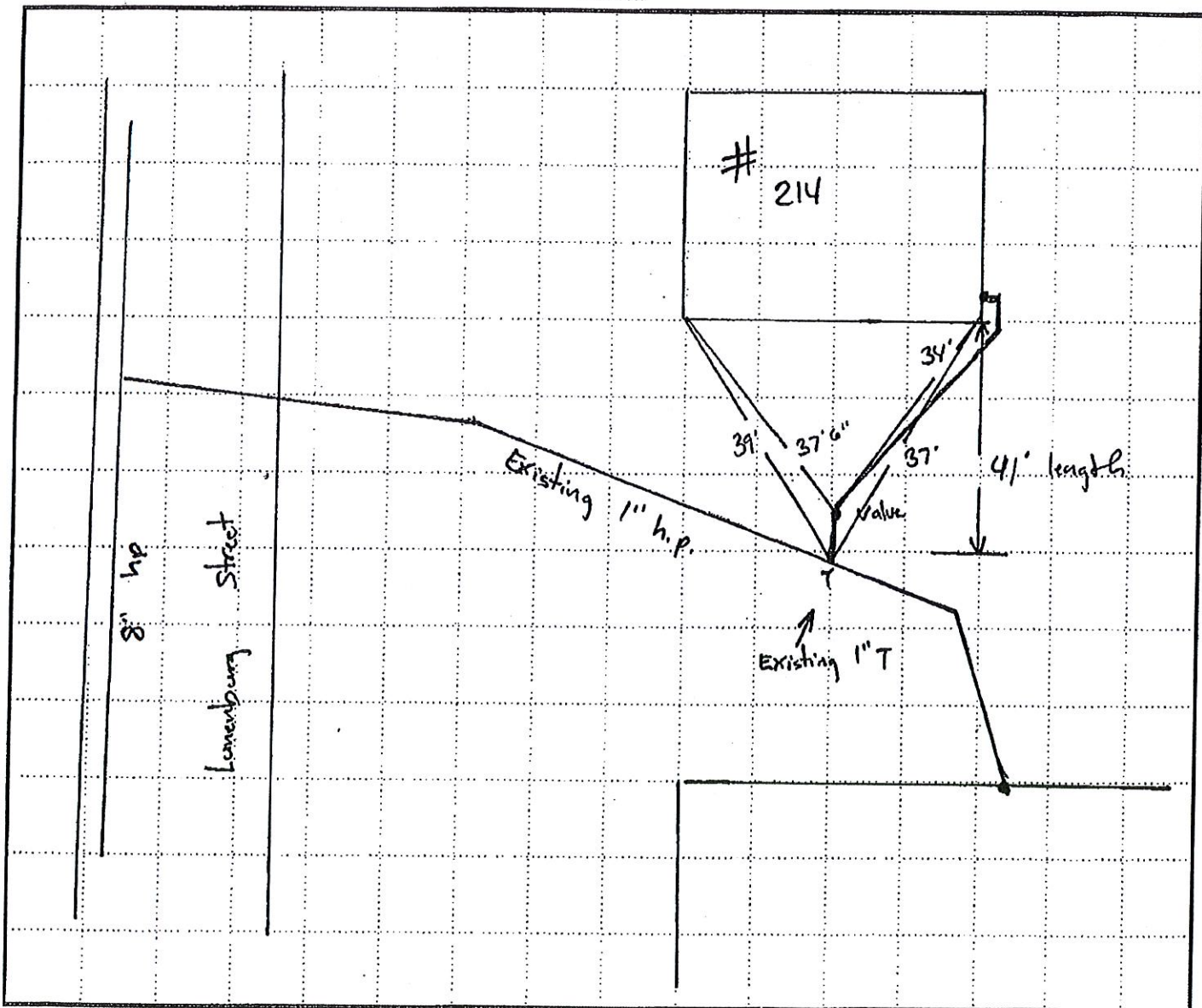
Crew Signature

U-DWO-4/13



Opening Site #1		Opening Site #2		Opening Site #3	
<b>Opening Site</b> <input type="checkbox"/> Street <input type="checkbox"/> Sidewalk <input type="checkbox"/> Lawn (Priv Prop)		<b>Opening Site</b> <input type="checkbox"/> Street <input type="checkbox"/> Sidewalk <input type="checkbox"/> Lawn (Priv Prop)		<b>Opening Site</b> <input type="checkbox"/> Street <input type="checkbox"/> Sidewalk <input type="checkbox"/> Lawn (Priv Prop)	
<b>Paving</b> Curb Noted - <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Paving</b> Curb Noted - <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Paving</b> Curb Noted - <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Original Surface</b> <input type="checkbox"/> Asphalt Length: <input type="text"/> ft <input type="checkbox"/> Concrete Width: <input type="text"/> ft <input type="checkbox"/> Cobblestone <input type="checkbox"/> Conc. & Asph Thickness: <input type="text"/> in <input type="checkbox"/> Brick & Cobble <input type="checkbox"/> Brick <input type="checkbox"/> Grass # DCP Drops: <input type="text"/> <input type="checkbox"/> Gravel # d/LRs: <input type="text"/> Paving Method: <input type="text"/>		<b>Original Surface</b> <input type="checkbox"/> Asphalt Length: <input type="text"/> ft <input type="checkbox"/> Concrete Width: <input type="text"/> ft <input type="checkbox"/> Cobblestone <input type="checkbox"/> Conc. & Asph Thickness: <input type="text"/> in <input type="checkbox"/> Brick & Cobble <input type="checkbox"/> Brick <input type="checkbox"/> Grass # DCP Drops: <input type="text"/> <input type="checkbox"/> Gravel # d/LRs: <input type="text"/> Paving Method: <input type="text"/>		<b>Original Surface</b> <input type="checkbox"/> Asphalt Length: <input type="text"/> ft <input type="checkbox"/> Concrete Width: <input type="text"/> ft <input type="checkbox"/> Cobblestone <input type="checkbox"/> Conc. & Asph Thickness: <input type="text"/> in <input type="checkbox"/> Brick & Cobble <input type="checkbox"/> Brick <input type="checkbox"/> Grass # DCP Drops: <input type="text"/> <input type="checkbox"/> Gravel # d/LRs: <input type="text"/> Paving Method: <input type="text"/>	

- SKETCH



Total Length of Service Main to Meter: 41'

Continuity Check ☒

## EXHIBIT 10

Unitil winter patrols



**Commonwealth of Massachusetts  
Department of Public Utilities  
Pipeline Engineering and Safety Division**

**Fitchburg Gas and Electric Light Company d/b/a Unitil  
Unitil – 214 Lunenburg Street, Fitchburg (February 5, 2013)**

**First Set of Information Requests From  
The Pipeline Engineering and Safety Division of  
The Department of Public Utilities**

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**Request No. IR PL 1-5:**

Please provide the Division with all documentation memorializing the leakage surveys conducted on Linwood Street and the area of 214 Lunenburg Street, Fitchburg from:

- (1) December 1, 2009 to February 5, 2013, pursuant to Unitil's Winter Patrol Procedures; and
- (2) Include in your response a copy of the Operator's Winter Patrol Procedures.

**Response:**

- (1) Pursuant to the Company's Winter Patrol Procedures, Linwood Street and the area of 214 Lunenburg St were leak surveyed during winter conditions from the period of Dec 1, 2009 through February 5, 2013 as follows:
  - o Winter months 2009 – 2010 the area was surveyed 5 times.
  - o Winter months 2010 – 2011 the area was surveyed 6 times.
  - o Winter months 2011 – 2012 The area was surveyed 3 times. This can be attributed to a warmer than average winter with little to no frost conditions.
  - o Winter months 2012-2013 the area was surveyed 8 times.

Until the main break on February 5, 2013 no leakage was detected in this area. Documentation of winter surveys is provided as IR PL 1-5 ATTACHMENT A.

In addition to winter patrols, the area of Linwood Street and 214 Lunenburg Street were leak surveyed an additional 11 times as part of Unitil's business district and distribution system surveys. Until the main break on February 5, 2013 no leakage was detected in this area. Documentation of distribution system surveys is provided as IR PL 1-5 ATTACHMENT B. Documentation of business district surveys is provided as IR PL 1-5 ATTACHMENT C.

For convenience, a summary of the leakage surveys for Linwood Street and the area of 214 Lunenburg Street, Fitchburg is provided in the table below.

## EXHIBIT 11

Records of Unutil walking and mobile surveys



**Commonwealth of Massachusetts  
Department of Public Utilities  
Pipeline Engineering and Safety Division**

**Fitchburg Gas and Electric Light Company d/b/a Unitil  
Unitil – 214 Lunenburg Street, Fitchburg (February 5, 2013)**

**First Set of Information Requests From  
The Pipeline Engineering and Safety Division of  
The Department of Public Utilities**

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**Request No. IR PL 1-14:**

Provide a map(s) identifying;

- (1) the streets and boundaries that Unitil conducted leak surveys (flame ionization unit) on Tuesday, February 5, 2013, in the vicinity of the Incident
- (2) identify on this map the areas that Unitil conducted a walking survey and those areas where the Operator conducted a mobile survey.

**Response:**

On Tuesday, February 5, 2013, as part of our post incident emergency response the Company conducted mobile leak surveys of gas distribution mains in close proximity to the incident. In addition walking leak surveys of gas service lines in close proximity were also conducted. The streets that were mobile leak surveyed are as follows:

- o Oakland Street
- o Redman Place
- o Summit Street
- o Lunenburg Street
- o Garland Street
- o Berry Street
- o Linwood Street

The streets on which service lines were surveyed are as follows:

- o Redman Place
- o Oakland Street
- o Lunenburg Street
- o Linwood Street



# Leak Investigation Report

Distribution ☒ Transmission ☐

<u>2-5-13</u>			<u>B. Mader</u>		
Date	Time Reported	Reported By	Employee	System ID #	Leak ID #
<u>Intersection: To/From</u>		<u>9 Redwood St</u>		<u>Fitchburg</u>	<u>Meter #</u>
		Street Address		TOWN	

Method of Test		Unit ID# / Serial #	Pressure	Leak Classification
LMD	<input checked="" type="checkbox"/>	<u>1300211</u>	High	Class 1 <input checked="" type="checkbox"/>
FI			Intermediate	Class 2 Priority 1 <input type="checkbox"/>
CGI	<input checked="" type="checkbox"/>	<u>G227231</u>	Low <input checked="" type="checkbox"/>	Class 2 <input type="checkbox"/>
SOAP			Cover	Class 3 <input type="checkbox"/>
PMD			Asphalt	Class 1 Above Ground Haz <input type="checkbox"/>
			Concrete <input checked="" type="checkbox"/>	Fit Leak Before Meter <input type="checkbox"/>
			Brick	Fit Leak After Meter <input type="checkbox"/>
			Cobble	
Survey Type			Gas Detected In:	Leak Type
Odor Complaint	Main		Manhole	Main
Blasting	Pre-Paving		Catch Basin	Meter Assembly
High Risk Patrol	Public Building		Valve	Service <input checked="" type="checkbox"/>
Business District	Re-Check		Foundation	Regulator
CI Encroachment	Service Line		Bar Hole	Riser
Critical Valve	Winter Patrol		Atmosphere <input checked="" type="checkbox"/>	Valve
Exposed Pipe	Gate Station		Customer Home	Unknown
HP Line	Other <u>Other</u>		Gate Station	
				GPS Date
				Y N <input type="checkbox"/> <input type="checkbox"/>
				Odor Present ReSurvey Clear

DAVE R:  
BOB M:

- SERVICE GONE / IN WORK  
- STREET DEPT. ON SITE

ORIGINAL

Comments

GAS LEAK DETECTED WHILE PERFORMING WORKING SURVEY OF REDWOOD PLACE. UPGRADED INSURE SERVICE TO OUTSIDE. BY STREET DEPT.

Supervisor Signature \_\_\_\_\_

0-11-3/11



Unitil Interior Gas Leak / CO Investigation Order

FORM No. 4-29521-08

Customer Name / Location: LONG PACIFIC ASHLY  
 Address: 9 REDMAID PLACE  
 City: FITCHBURGH Apt/Floor: 1  
 Time: Arrived: 0930 Departed: 1030 Made Safe: 0945  
 Responder: B. MACDONALD, D. RENSE Truck No. 21 DATE: 2-5-13

INTERIOR GAS LEAK INVESTIGATION			
Leak Found:	Yes: <input checked="" type="checkbox"/>	No: <input type="checkbox"/>	Trace: <input type="checkbox"/> L.E.L.: <u>100</u> % Gas: _____
<input checked="" type="checkbox"/> At Service Entrance	<input type="checkbox"/> At H.P. Regulator	<input type="checkbox"/> Other _____	
<input type="checkbox"/> At Gas Meter(s)	<input type="checkbox"/> On Customers Piping	_____	
<input type="checkbox"/> At Bracket or Header	<input type="checkbox"/> On Customers Appliance	_____ Appliance	
Status:			
<input checked="" type="checkbox"/> Repaired Permanently	<input checked="" type="checkbox"/> Left On		
<input type="checkbox"/> Repaired Temporarily	<input type="checkbox"/> Left Off		
<input type="checkbox"/> Red Tagged _____	<input type="checkbox"/> Referred To: _____		
Appliance		Name/Department	

CARBON MONOXIDE (CO) INVESTIGATION			
CO Found: YES <input type="checkbox"/> NO: <input checked="" type="checkbox"/>			
AREA OF	ROOM LOCATION	PPM	
Upon Entering			
Furnace/Boiler			
Water Heater			
Range/Oven			
Gas Dryer			
Fireplace			
AREA OF	ROOM LOCATION	PPM	
Space Heater			
	Bedroom # 1		
	Bedroom # 2		
	Bedroom # 3		
Other			
Other			
Status:			
<input type="checkbox"/> Repaired Permanently	<input type="checkbox"/> Left On	<input type="checkbox"/> Evacuation	
<input type="checkbox"/> Repaired Temporarily	<input type="checkbox"/> Left Off	<input type="checkbox"/> Ventilation	
<input type="checkbox"/> Red Tagged _____	<input type="checkbox"/> Referred To: _____		
Appliance		Name/Department (Fire, Police, Street, etc.)	

INTERIOR PIPING INSPECTION (Unitil Owned) *Required*			
Leak Survey	Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/>	Leak Found:	Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/>
Location (of leak): <u>SERVICE ENTRANCE</u>		Trace: <input type="checkbox"/> L.E.L.: <u>100</u> % Gas: _____	
Leak Repaired:	Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/>	Corrosion Inspection:	Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/>
Corrosion Inspection:	Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/>	Corrosion Present:	Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/>
Pipe Condition	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor		
Additional Work Needed:	Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/>	Type: <u>UPGRADED SERVICE</u>	
(Upgrade, Corrosion Repair, Leak Repair)			

Investigation Comments: DETECTED GAS LEAK, LOOSE  
AT SERVICE ENTRANCE (WALL) WHILE PERFORMING  
WALKING SURVEY. SERVICE WAS UPGRADED, MOVED  
OUTSIDE BY STREET. REPT.

## **EXHIBIT 12**

**Records of Unitil leakage and corrosion surveys of the gas  
services on Linwood Street and 214 Lunenburg Street**



**Commonwealth of Massachusetts  
Department of Public Utilities  
Pipeline Engineering and Safety Division**

**Fitchburg Gas and Electric Light Company d/b/a Unitil  
Unitil – 214 Lunenburg Street, Fitchburg (February 5, 2013)**

**First Set of Information Requests From  
The Pipeline Engineering and Safety Division of  
The Department of Public Utilities**

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**Request No. IR PL 1-17:**

For those gas customers on Linwood Street and 214 Lunenburg Street, Fitchburg, provide:

- (1) the date and results of all leakage surveys of the gas services from February 5, 2009 to February 5, 2013;
- (2) provide the date and results of the last atmospheric corrosion survey of the inside service lines performed prior to February 5, 2013, at these locations.

**Response:**

During the time period of February 5, 2009 to February 5, 2013, leakage surveys and atmospheric corrosion surveys were conducted at 5 Linwood St., 49 Linwood St. and 214 Lunenburg St. (Rear). All surveys were conducted in accordance with the Company's O&M procedures. No leaks or corrosion were found at any of these service locations. On the evening of February 5, 2013, leak surveys were again conducted at 5 Linwood St., 49 Linwood St. and 214 Lunenburg St. (Rear). No leaks were found at any of these service locations. Company records documenting the results of these leakage and atmospheric corrosion surveys are provided in the attachments to this response, as specified in the tables below.

- (1) The date and results of all leakage surveys of the gas services of customers on Linwood Street and 214 Lunenburg Street from February 5, 2009 to February 5, 2013 are provided in the table below.

Address	Survey Date	Result	Attachments Documenting Inspection Results
5 Linwood St.	8/2/2011	No Leak	IR PL 1-17 ATTACHMENT B
5 Linwood St.	2/5/2013	No Leak	IR PL 1-17 ATTACHMENT F
49 Linwood St.	7/20/2012	No Leak	IR PL 1-17 ATTACHMENT C
49 Linwood St.	2/5/2013	No Leak	IR PL 1-17 ATTACHMENT F
214 Lunenburg St.	10/20/2009	No Leak	IR PL 1-17 ATTACHMENT D
214 Lunenburg St.	8/15/2012	No Leak	IR PL 1-17 ATTACHMENT E
214 Lunenburg St.	2/5/2013	No Leak	IR PL 1-17 ATTACHMENT G

**Commonwealth of Massachusetts  
Department of Public Utilities  
Pipeline Engineering and Safety Division**

**Fitchburg Gas and Electric Light Company d/b/a Unitil  
Unitil – 214 Lunenburg Street, Fitchburg (February 5, 2013)**

**First Set of Information Requests From  
The Pipeline Engineering and Safety Division of  
The Department of Public Utilities**

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- (2) The date and results of the last atmospheric corrosion survey of the inside service lines of customers on Linwood Street and 214 Lunenburg Street performed prior to February 5, 2013 are provided in the table below.

Address	Survey Date	Result	Attachments Documenting Inspection Results
5 Linwood St.	8/2/2011	No Corrosion Pipe Condition Good	IR PL 1-17 ATTACHMENT A IR PL 1-17 ATTACHMENT B
49 Linwood St.	7/20/2012	No Corrosion Pipe Condition Good	IR PL 1-17 ATTACHMENT A IR PL 1-17 ATTACHMENT C
214 Lunenburg St.	8/15/2012	No Corrosion Pipe Condition Good	IR PL 1-17 ATTACHMENT A IR PL 1-17 ATTACHMENT E

**Person Responsible:** Stacey Kilroy, Christopher LeBlanc **Date:** April 18, 2013



IR PL 1-17 ATTACHMENT A  
LINWOOD AND 214 LUNENBURG SERVICE LINE AND EXPOSED PIPE SURVEYS

CMS Service ID #	Service Address	Maintenance of Service Lines	TASK	Work Order/ID #
1701	5 Linwood St.	8/2/2011	Service Line/ Exposed Pipe Survey	56436/56608
524259	49 Linwood St.	7/20/2012	Service Line/ Exposed Pipe Survey	76978/73938
594	214 Lunenburg St. Rear	10/20/2009	Service Line/ Exposed Pipe Survey	26185/25655
594	214 Lunenburg St. Rear	8/15/2012	Service Line/ Exposed Pipe Survey	78883/75104

## EXHIBIT 13

Unitil records of the gas main underlying Linwood Street



**Commonwealth of Massachusetts  
Department of Public Utilities  
Pipeline Engineering and Safety Division**

**Fitchburg Gas and Electric Light Company d/b/a Unitil  
Unitil – 214 Lunenburg Street, Fitchburg (February 5, 2013)**

**First Set of Information Requests From  
The Pipeline Engineering and Safety Division of  
The Department of Public Utilities**

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**Request No. IR PL 1-4:**

Provide records for the main on Linwood Street, including but not limited to:

- (1) installation date,
- (2) MAOP,
- (3) leak history from January 1, 2010 to February 6, 2013 and
- (4) operating pressure at the time of the incident.

**Response:**

- (1) The Linwood Street gas main identified as Unitil Main I.D. 34606 was installed on September 16, 1929. The original gas mains installation card is provided as IR PL 1-4 Attachment A and IR PL 1-4 Attachment B.
- (2) The gas main on Linwood Street is part of the Fitchburg low pressure distribution system and has a MAOP of 14" w.c. A distribution system map with MAOP and the location of nearby district regulating stations is provided as IR PL 1-4 Attachment C.
- (3) The company has reviewed the leak history for Linwood Street and there have been no leaks associated with gas mains on this street.
- (4) Please see Company response to IR PL 1-19

**Person Responsible:** Stacey Kilroy, Chris LeBlanc

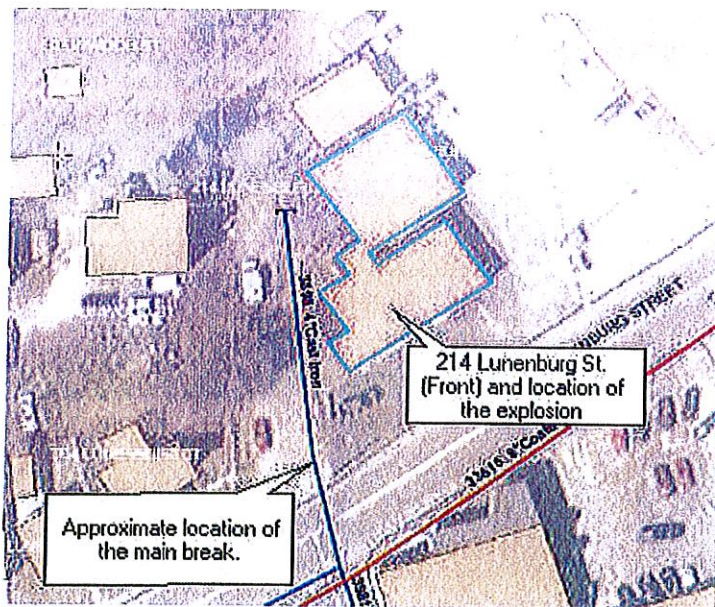
**Date:** April 18, 2013

## Section B: Background and Site Description

### 3. BACKGROUND and SITE DESCRIPTION

The incident occurred at 214 Lunenburg Street which is a corner property at the intersection of Lunenburg Street and Linwood Street.<sup>4</sup> Lunenburg Street has a paved road surface and consists of a mixture of residential and small commercial/industrial businesses. Linwood Street, the location of the incident, is a short dead end gravel road that primarily provides access to No. 5 Linwood St., a residential structure. The gas main on Linwood Street was 4" cast iron and was installed on September 16, 1929<sup>5</sup> at an approximate depth of 36". On February 5, 2013 the distribution system had experienced prolonged periods of cold and frost conditions at this location were approximately 24 – 36 inches. The soil conditions were frozen gravel followed by a loose and porous fly ash<sup>6</sup> that served as the substrate for the gravel road. Both Lunenburg St. and Linwood St. were subject to winter frost patrols due to the existence of cast iron pipe on both streets.

Figure 1:



<sup>4</sup> A map depicting the distribution system and location of the incident is provided as Appendix B.

<sup>5</sup> The original main installation card is provided as Appendix C.

<sup>6</sup> Fly-Ash is the fine particles of ash resulting from the combustion of a solid fuel.



END MAINS

**Fitchburg Gas & Electric Light Co.**  
**LINWOOD**

Card # 9

STREET, CITY

NO. Sept 16-1929 ORDER NO. C. O. G. 1466

CUSTOMER Sidney R. Ruffner & John B. Lambert

SIZE 4" SERVICE MAIN

RUNS From Dunbury State Road and extend westerly

132 feet to reach house #5 Sidney  
TIME CONSUMED R. Ruffner

20 hrs 91466 at 624 Pm  
10 hrs 91466 at 55 Pm  
60 hrs 1466 at 50 Pm  
8 hrs 91466 at 57 1/2 Pm

**MATERIALS USED**

10 Synchro 4" Cast Iron Pipe

120 Ft 4" Cast Iron Pipe full of Cement  
10 lbs of sand 5 lbs of rope worn  
1 gal of kerosene 2 1/4 plugs 91466

WORK BEGUN Sept 23-1929

WORK FINISHED Sept 24-1929

Ruffner J. B. Lambert  
4/24/29 N. B. Sketches shown on back.

FOREMAN

FORM 065 7-24

**EXHIBIT 14**

**Copy of Unitil's pressure recording chart from nearest  
regulator to the Incident on February 5, 2013**



**Commonwealth of Massachusetts  
Department of Public Utilities  
Pipeline Engineering and Safety Division**

**Fitchburg Gas and Electric Light Company d/b/a Unitil  
Unitil – 214 Lunenburg Street, Fitchburg (February 5, 2013)**

**First Set of Information Requests From  
The Pipeline Engineering and Safety Division of  
The Department of Public Utilities**

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**Request No. IR PL 1-19:**

Provide a copy of the pressure chart or reading of the nearest regulator station servicing those gas customers on Linwood Street and 214 Lunenburg Street on February 5, 2013.

**Response:**

Tabular pressure data for February 5, 2013 at three low pressure regulator stations in the vicinity of the incident site and a map depicting the station locations relative to the incident site are provided as attachments:

IR PL 1-19 ATTACHMENT A: Is a copy of the distribution map provided in the Company response to IR PL 1-4 that provides the location of district regulating stations in relation to Linwood Street.

IR PL 1-19 ATTACHMENT B: Sawyer Passway Regulator Station Outlet Pressure Report

IR PL 1-19 ATTACHMENT C: Ross St. Regulator Station Outlet Pressure Report

IR PL 1-19 ATTACHMENT D: Klondike St., Regulator Station Outlet Pressure Report

**Person Responsible:** Jonathan Pfister  
Christopher LeBlanc

**Date:** April 18, 2013

Output values for UNIT1: FGE\_SAWYER\_OUT\_PRESS\_F\_CV (99)

99 returned in 0 seconds

Timestamp	Value	Quality	Comments
02/05/2013 00:09:00	11.03982	Good	
02/05/2013 00:24:00	11.07111	Good	
02/05/2013 00:39:00	11.01604	Good	
02/05/2013 00:54:00	11.12368	Good	
02/05/2013 01:09:00	11.12619	Good	
02/05/2013 01:24:00	11.18151	Good	
02/05/2013 01:39:00	11.15222	Good	
02/05/2013 01:54:00	11.09489	Good	
02/05/2013 02:09:00	11.16273	Good	
02/05/2013 02:24:00	11.01604	Good	
02/05/2013 02:39:00	11.02956	Good	
02/05/2013 02:54:00	11.10966	Good	
02/05/2013 03:09:00	11.10766	Good	
02/05/2013 03:24:00	11.05059	Good	
02/05/2013 03:39:00	11.28514	Good	
02/05/2013 03:54:00	11.23007	Good	
02/05/2013 04:09:00	11.15497	Good	
02/05/2013 04:24:00	11.18426	Good	
02/05/2013 04:39:00	11.29741	Good	
02/05/2013 04:54:00	11.14471	Good	
02/05/2013 05:09:00	11.34022	Good	
02/05/2013 05:24:00	11.35173	Good	
02/05/2013 05:39:00	11.29441	Good	
02/05/2013 05:54:00	11.37777	Good	
02/05/2013 06:09:00	11.41457	Good	
02/05/2013 06:24:00	11.48015	Good	
02/05/2013 06:39:00	11.42608	Good	
02/05/2013 06:54:00	11.38778	Good	
02/05/2013 07:09:00	11.42758	Good	
02/05/2013 07:24:00	11.38953	Good	
02/05/2013 07:39:00	11.35098	Good	
02/05/2013 07:54:00	11.46188	Good	
02/05/2013 08:09:00	11.4023	Good	
02/05/2013 08:24:00	11.45337	Good	
02/05/2013 08:39:00	11.3242	Good	
02/05/2013 08:54:00	11.33821	Good	
02/05/2013 09:09:00	11.38903	Good	
02/05/2013 09:24:00	11.27438	Good	
02/05/2013 09:39:00	11.35274	Good	
02/05/2013 09:54:00	11.32094	Good	
02/05/2013 10:09:00	11.2113	Good	
02/05/2013 10:24:00	11.20729	Good	
02/05/2013 10:39:00	11.30092	Good	
02/05/2013 10:54:00	11.28715	Good	
02/05/2013 11:09:00	11.28715	Good	
02/05/2013 11:24:00	11.16273	Good	
02/05/2013 11:39:00	11.20829	Good	
02/05/2013 11:54:00	11.16323	Good	
02/05/2013 12:09:00	11.18499	Good	
02/05/2013 12:24:00	11.19453	Good	
02/05/2013 12:39:00	11.07387	Good	
02/05/2013 12:54:00	11.04959	Good	
02/05/2013 13:09:00	11.19603	Good	
02/05/2013 13:24:00	11.15948	Good	
02/05/2013 13:39:00	11.06636	Good	



02/05/2013 13:54:00	11.09915	Good
02/05/2013 14:09:00	11.09239	Good
02/05/2013 14:24:00	11.07662	Good
02/05/2013 14:39:00	10.99885	Good
02/05/2013 14:54:00	10.9512	Good
02/05/2013 15:09:00	10.92117	Good
02/05/2013 15:24:00	10.91402	Good
02/05/2013 15:39:00	10.87335	Good
02/05/2013 15:54:00	10.94645	Good
02/05/2013 16:09:00	10.67559	Good
02/05/2013 16:24:00	10.69211	Good
02/05/2013 16:39:00	10.87435	Good
02/05/2013 16:54:00	10.84306	Good
02/05/2013 17:09:00	10.84306	Good
02/05/2013 17:24:00	10.84306	Good
02/05/2013 17:39:00	10.84306	Good
02/05/2013 17:54:00	10.84306	Good
02/05/2013 18:09:00	10.84306	Good
02/05/2013 18:24:00	10.84306	Good
02/05/2013 18:39:00	10.84306	Good
02/05/2013 18:54:00	10.84306	Good
02/05/2013 19:09:00	10.84306	Good
02/05/2013 19:24:00	10.84306	Good
02/05/2013 19:39:00	10.84306	Good
02/05/2013 19:54:00	10.84306	Good
02/05/2013 20:09:00	10.84306	Good
02/05/2013 20:24:00	10.84306	Good
02/05/2013 20:39:00	10.84306	Good
02/05/2013 20:54:00	10.84306	Good
02/05/2013 21:09:00	10.84306	Good
02/05/2013 21:24:00	10.84306	Good
02/05/2013 21:34:00	10.84306	Good
02/05/2013 21:34:30	0	Good
02/05/2013 21:36:30	0	Good
02/05/2013 21:37:00	11.06536	Good
02/05/2013 21:52:00	11.03506	Good
02/05/2013 22:07:00	11.00452	Good
02/05/2013 22:22:00	10.97824	Good
02/05/2013 22:37:00	10.95596	Good
02/05/2013 22:52:00	11.0248	Good
02/05/2013 23:07:00	10.92692	Good
02/05/2013 23:22:00	10.92267	Good
02/05/2013 23:37:00	11.07637	Good
02/05/2013 23:52:00	10.88562	Good

Output values for UNITL FGE SAWYER OUT PRESS.F CV (99)

## EXHIBIT 15

History of repairs of the gas main on Linwood Street



**Commonwealth of Massachusetts  
Department of Public Utilities  
Pipeline Engineering and Safety Division**

**Fitchburg Gas and Electric Light Company d/b/a Unitil  
Unitil – 214 Lunenburg Street, Fitchburg (February 5, 2013)**

**First Set of Information Requests From  
The Pipeline Engineering and Safety Division of  
The Department of Public Utilities**

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**Request No. IR PL 1-6:**

Provide records for any maintenance or replacement work performed on the gas main on Linwood Street, from January 1, 2009 to February 6, 2013.

**Response:**

During the period between January 1, 2009 and February 6, 2013 the only maintenance or replacement work performed was the main replacement on February 6, 2013. Please see attached document IR PL 1-6 Attachment A for detailed work order information.

**Person Responsible:** Dan Golden, Stacey Kilroy,  
Christopher LeBlanc

**Date:** April 18, 2013

DTEX Test Log

Test #:	00008	FREDETTE ST	User:	DAVE JOYCE
Test Start Date:	01-31-13	FREDETTE ST	Notes:	
Test Start Time:	08:25:50	<Blank>	DTEX Model:	DX1000G
TDL Result:	0.00%	GARDNER	Serial Number:	56778
RDL Result:	0.02%	MA	Test Error Code:	**
Test Time (Sec):	23	Altitude (ft): 1000	Test Temp (C):	12

Test #:	00009	KLONDIKE AVE REG	User:	DAVE JOYCE
Test Start Date:	01-31-13	KLONDIKE AVE	Notes:	
Test Start Time:	09:18:43	<Blank>	DTEX Model:	DX1000G
TDL Result:	0.01%	FITCHBURG	Serial Number:	56778
RDL Result:	0.05%	MA	Test Error Code:	**
Test Time (Sec):	26	Altitude (ft): 500	Test Temp (C):	12

Test #:	00010	SAWYER PASSWAY REG	User:	DAVE JOYCE
Test Start Date:	01-31-13	SAWYER PASSWAY	Notes:	
Test Start Time:	09:50:53	<Blank>	DTEX Model:	DX1000G
TDL Result:	0.01%	FITCHBURG	Serial Number:	56778
RDL Result:	0.08%	MA	Test Error Code:	**
Test Time (Sec):	20	Altitude (ft): 500	Test Temp (C):	12

Test #:	00011	DIPPIN DONUTS	User:	CROTEAU JONATHAN
Test Start Date:	02-05-13	235 LUNENBURG ST	Notes:	
Test Start Time:	19:20:11	<Blank>	DTEX Model:	DX1000G
TDL Result:	0.04%	FITCHBURG	Serial Number:	56778
RDL Result:	0.09%	MA	Test Error Code:	**
Test Time (Sec):	43	Altitude (ft): 500	Test Temp (C):	8

Test #:	00012	ALDRICH	User:	DAVE JOYCE
Test Start Date:	02-06-13	209 LUNENBURG ST	Notes:	
Test Start Time:	07:55:02	<Blank>	DTEX Model:	DX1000G
TDL Result:	0.00%	FITCHBURG	Serial Number:	56778
RDL Result:	0.03%	MA	Test Error Code:	**
Test Time (Sec):	21	Altitude (ft): 500	Test Temp (C):	18



## EXHIBIT 16

Unitil gas odorant reading records prior to and after the Incident

DTEX Test Log

Test #:	00001	ASH ST WATER DEPT	User:	DAVE JOYCE
Test Start Date:	01-30-13	ASH ST	Notes:	
Test Start Time:	12:53:02	<Blank>	DTEX Model:	DX1000G
TDL Result:	0.01%	TOWNSEND	Serial Number:	56778
RDL Result:	0.03%	MA	Test Error Code:	**
Test Time (Sec):	28	Altitude (ft): 500	Test Temp (C):	18

Test #:	00002	WEST TOWNSEND WATER	User:	DAVE JOYCE
Test Start Date:	01-30-13	MAIN ST	Notes:	
Test Start Time:	13:09:41	<Blank>	DTEX Model:	DX1000G
TDL Result:	0.02%	TOWNSEND	Serial Number:	56778
RDL Result:	0.06%	MA	Test Error Code:	**
Test Time (Sec):	21	Altitude (ft): 500	Test Temp (C):	16

Test #:	00003	1257 MAIN ST	User:	DAVE JOYCE
Test Start Date:	01-30-13	1257 MAIN ST	Notes:	
Test Start Time:	13:22:35	<Blank>	DTEX Model:	DX1000G
TDL Result:	0.02%	ASHBY	Serial Number:	56778
RDL Result:	0.07%	MA	Test Error Code:	**
Test Time (Sec):	21	Altitude (ft): 1000	Test Temp (C):	14

Test #:	00004	BURBANK OFFICE BLDG	User:	DAVE JOYCE
Test Start Date:	01-30-13	BURBANK ST.	Notes:	
Test Start Time:	13:41:26	<Blank>	DTEX Model:	DX1000G
TDL Result:	0.02%	FITCHBURG	Serial Number:	56778
RDL Result:	0.06%	MA	Test Error Code:	**
Test Time (Sec):	21	Altitude (ft): 1000	Test Temp (C):	13

Test #:	00005	ASHBURNHAM HILL PLE	User:	DAVE JOYCE
Test Start Date:	01-30-13	ASHBURNHAM HILL RD	Notes:	
Test Start Time:	13:51:48	<Blank>	DTEX Model:	DX1000G
TDL Result:	0.05%	FITCHBURG	Serial Number:	56778
RDL Result:	0.10%	MA	Test Error Code:	**
Test Time (Sec):	17	Altitude (ft): 1000	Test Temp (C):	13

Test #:	00006	ASHBURNHAM ST PLE	User:	DAVE JOYCE
Test Start Date:	01-30-13	ASHBURNHAM ST	Notes:	
Test Start Time:	14:06:45	<Blank>	DTEX Model:	DX1000G
TDL Result:	0.07%	FITCHBURG	Serial Number:	56778
RDL Result:	0.14%	MA	Test Error Code:	**
Test Time (Sec):	18	Altitude (ft): 500	Test Temp (C):	10

Test #:	00007	ASHBURNHAM ST PLE	User:	DAVE JOYCE
Test Start Date:	01-30-13	ASHBURNHAM ST	Notes:	
Test Start Time:	14:07:35	<Blank>	DTEX Model:	DX1000G
TDL Result:	0.03%	FITCHBURG	Serial Number:	56778
RDL Result:	0.06%	MA	Test Error Code:	**
Test Time (Sec):	14	Altitude (ft): 500	Test Temp (C):	10